

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128346

Entity Name: FAST EQUOTES.COM, INC.

FILED  
Mar 18, 2008  
Secretary of State

**Current Principal Place of Business:**

8885 MUSTANG ISLAND CIRCLE  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

8885 MUSTANG ISLAND CIRCLE  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 20-5685573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, LUIS  
4627 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SOMEILLAN-MUSTACHI, TANIA  
Address: 8885 MUSTANG ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: MUSTACHI, DAVID  
Address: 8885 MUSTANG ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MUSTACHI

MR.

03/18/2008

Electronic Signature of Signing Officer or Director

Date