2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P06000143344

Entity Name: INSURANCELINE, INC.

Current Principal Place of Business:

1489 W PALMETTO PARK RD
470
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1489 W PALMETTO PARK RD
470
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-5950649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHECTER, HOWARD P
4187 ARTESA DRIVE
BOYNTON BEACH, FL 33436 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: P ( ) Delete
Name: SHECTER, HOWARD
Address: 4187 ARTESA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S ( ) Delete
Name: SHARABY, BRETT
Address: 2016 SW 29TH COURT, # 5B1
City-St-Zip: DELRAY BEACH, FL 33445

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: HOWARD SHECTER P 03/02/2009

Electronic Signature of Signing Officer or Director Date