2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

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Entity Name: FIRST FOUNDER'S FINANCIAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

4890 W. KENNEDY BLVD STE 220
TAMPA, FL 336091851

New Principal Place of Business:

4890 W. KENNEDY BLVD
SUITE 220
TAMPA, FL 336091851

Current Mailing Address:

4890 W. KENNEDY BLVD STE 220
TAMPA, FL 336091851

New Mailing Address:

4890 W. KENNEDY BLVD
SUITE 220
TAMPA, FL 336091851

FEI Number: 84-1726740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARLOWE, MCNABB & STAYTON, P.A.
1560 W CLEVELAND
TAMPA, FL 33606 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: DPT ( ) Delete
Name: GRAHAM, MARK
Address: 4890 W. KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 336091851

Title: V ( ) Delete
Name: GRAHAM, MARK II
Address: 4890 W. KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 336091851

Title: S (X) Delete
Name: JACKSON, FELICIA
Address: 4890 W. KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 336091851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: GRAHAM, MARK
Address: 4890 W. KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition
Name: GRAHAM, MARK II
Address: 4890 W. KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 33609

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: MARK F GRAHAM DPT 04/23/2009

Electronic Signature of Signing Officer or Director Date