2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P07000033054

Entity Name: FLORIDA INSURANCE NETWORK, INC.

Current Principal Place of Business:

1833 S KIRKMAN RD
1428
ORLANDO, FL 32811

New Principal Place of Business:

500 SR 436
2094
CASSELBERRY, FL 32707

Current Mailing Address:

P.O. BOX 608745
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 20-8637186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHURIN, GUISCARD
1833 S KIRKMAN RD
1428
ORLANDO, FL 32811 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: MATHURIN, GUISCARD
Address: 1833 S KIRKMAN RD # 1428
City-St-Zip: ORLANDO, FL 32811

Title: VP ( ) Delete
Name: CYPRIEN, JUDE
Address: 1604 W GRANT ST
City-St-Zip: ORLANDO, FL 32805

Title: VP (X) Delete
Name: FENELUS, PHILIP
Address: 1833 S KIRKMAN RD # 1428
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GUISCARD MATHURIN P 02/06/2009

Electronic Signature of Signing Officer or Director — Date