

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000098751

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** KOBREN INSIGHT GROUP, INC.

**Current Principal Place of Business:**

595 BAY ISLES ROAD, SUITE 120-F  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

2170 MAIN STREET  
SUITE 202  
SARASOTA, FL 34237

**Current Mailing Address:**

595 BAY ISLES ROAD, SUITE 120-F  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

2170 MAIN STREET  
SUITE 202  
SARASOTA, FL 34237

**FEI Number:** 04-3288212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOBREN, ERIC M  
595 BAY ISLES ROAD, SUITE 120-F  
LONGBOAT KEY, FL 34228 US

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

KOBREN, ERIC M  
2170 MAIN STREET  
SUITE 202  
SARASOTA, FL 34237 US

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: ERIC M KOBREN

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KOBREN, ERIC M  
Address: 675 MOURNING DOVE DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: SD  
Name: KOBREN, CATHERINE S  
Address: 675 MOURNING DOVE DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: KOBREN, JARED  
Address: 675 MOURNING DOVE DRIVE  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: ERIC M KOBREN

PTD

04/16/2012

Electronic Signature of Signing Officer or Director

Date