2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2008
Secretary of State

DOCUMENT# P07000122366

Entity Name: FAMILY FIRST INSURANCE & FINANCIAL SERVICES INC.

Current Principal Place of Business:

2246 18TH ST S
ST PETERSBURG, FL 33712 US

New Principal Place of Business:

1550 US HWY 1 SO
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

2246 18TH ST S
ST PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 26-1373652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AAGAP CONSULTANTS INC
2400 MLK ST S
STE C
ST PETERSBURG, FL FL 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: CALHOUN, SYLVESTER A
Address: 350 LAKEWOOD DR APT 40
City-St-Zip: BRANDON, FL 33510 US

Title: VP ( ) Delete
Name: HAMES, FREDDIE
Address: 2632 19TH ST S
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: S (X) Delete
Name: HAMES, CARRIE L
Address: 2632 19TH ST S
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: T (X) Delete
Name: CALHOUN, ALVESTER D
Address: 4520 4TH ST S
City-St-Zip: ST PETERSBURG, FL 33705 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HAMES, RODNEY
Address: 6353 LAKE PLANTATION DR
City-St-Zip: JACKSONVILLE, FL 32244 US

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: SYLVESTER CALHOUN P 02/16/2008

Electronic Signature of Signing Officer or Director Date