

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123413

FILED
Apr 25, 2008
Secretary of State

Entity Name: MODERN AGE INSURANCE AGENCY, INC.

Current Principal Place of Business:

4521 PGA BLVD. #180
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4521 PGA BLVD. #180
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-1454466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFAND, HELENA
4521 PGA BLVD. #180
PALM BEACH GARDENS, FL 33418 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: WOLFAND, HELENA
Address: 4521 PGA BLVD. #180
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V () Delete
Name: WOLFAND, BOZIDAR
Address: 4521 PGA BLVD. #180
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: HELENA WOLFAND

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date