

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042466

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEALTHINSURANCEFORME.COM INC.

Current Principal Place of Business:

10491 S.W. 16TH PLACE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

10491 S.W. 16TH PLACE
DAVIE, FL 33324

New Mailing Address:

FEI Number: 29-2490278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMBRECHT, KEITH R
10491 S.W. 16TH PLACE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

MARK H. SHORE P.A.
320 S.E. 9TH STREET
FORT LAUDERDALE, FL 33316 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: MARK H. SHORE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: ARMBRECHT, KEITH R
Address: 10491 S.W. 16TH PLACE
City-St-Zip: DAVIE, FL 33324

Title: SEC () Delete
Name: BATCHELOR, JAMES N
Address: 5210 N.E. 17TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ARMBRECHT, KEITH R
Address: 10491 S.W. 16TH PLACE
City-St-Zip: DAVIE, FL 33324

Title: VP (X) Change () Addition
Name: BATCHELOR, JAMES N
Address: 5210 N.E. 17TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: SEC () Change (X) Addition
Name: WEISS, JEFF
Address: 5381 S.W. 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: JAMES N. BATCHELOR

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date