

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033654

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** AXA INSURANCE AGENCY, INCORPORATED

**Current Principal Place of Business:**

1810 SR 436 SEMORAN BLVD. SUITE 100  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1810 SR 436 SEMORAN BLVD. SUITE 100  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 26-4681744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRENO, KARLA  
3480 DIAMOND LEAF LANE  
OVIEDO, FL 32766 US

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

CARRENO, KARLA S  
3480 DIAMOND LEAF LANE  
OVIEDO, FL 32766 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: KARLA S CARRENO

02/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARRENO, KARLA  
Address: 3480 DIAMOND LEAF LANE  
City-St-Zip: OVIEDO, FL 32766

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: KARLA S CARRENO

PRES

02/28/2010

Electronic Signature of Signing Officer or Director

Date