

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18332

FILED
Apr 18, 2008
Secretary of State

Entity Name: FINANCIAL INSURANCE MARKETING GROUP, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

601 RIVERSIDE AVE.
C/O LEGAL DEPT.
JACKSONVILLE, FL 32204

FEI Number: 59-2895614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: NICHOLS, R. RENZ
Address: 100 SECOND AVENUE SOUTH, STE 1100S
City-St-Zip: ST.PETERSBURG, FL 33701

Title: DS () Delete
Name: CRAVEY, LYNN
Address: 100 SECOND AVENUE SOUTH, STE 1100S
City-St-Zip: ST.PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DRISCOLL, DENNIS
Address: 11061 ROOSEVELT BLVD.
City-St-Zip: ST.PETERSBURG, FL 33716

Title: DST (X) Change () Addition
Name: MOLINA, WILLIAM
Address: 11601 ROOSEVELT BLVD.
City-St-Zip: ST.PETERSBURG, FL 33716

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: MADELINE BAREWALD

AVP

04/18/2008

Electronic Signature of Signing Officer or Director

Date