2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P18332

Entity Name: FINANCIAL INSURANCE MARKETING GROUP, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

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

New Mailing Address:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

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: DRISCOLL, DENNIS
Address: 11061 ROOSEVELT BLVD.
City-St-Zip: ST.PETERSBURG, FL 33716

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition
Name: DRISCOLL, DENNIS
Address: 11601 ROOSEVELT BOULEVARD NORTH
City-St-Zip: ST.PETERSBURG, FL 33716 US

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

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: JANE LOUIS POA 03/27/2009

Electronic Signature of Signing Officer or Director — Date