

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059752

FILED
Mar 30, 2010
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF INSURANCE AND FINANCIAL PROFESSIONALS, INC.

Current Principal Place of Business:

3650 N. FEDERAL HWY
SUITE 213
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

4040 W NEWBERRY ROAD
SUITE 950A
GAINESVILLE, FL 32607

Current Mailing Address:

3324 W. UNIVERSITY AVENUE
#250
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 65-0510447 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR, DEBORAH L D
3650 N FEDERAL HWY
SUITE 213
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

TAYLOR, DEBORAH L D
4040 W NEWBERRY ROAD
SUITE 950A
GAINESVILLE, FL 32607 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:

03/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: TAYLOR, DEBORAH L
Address: 3324 W. UNIVERSITY AVENUE, #250
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: WILLIAMS, JENNIFER T
Address: 1077 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: TAYLOR, ANDREW J
Address: 4310 NW 36TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: KISER, JOHN R
Address: 883 S EUCALYPTUS STREEET
City-St-Zip: SEBRING, FL 33870

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: DEBORAH L TAYLOR

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date