2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000099928

Entity Name: FIRST NATIONAL INSURANCE NETWORK, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: 117 SEAMARGE CIRCLE			New Principal Place of Business:		
PENSACOLA, FL 32507					
Current Mailing Address:			New Mailing Address:		
117 SEAMARGE CIRCLE PENSACOLA, FL 32507					
FEI Number: 59-3425449 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MASSEY, LINDA 117 SEAMARGE CIRCLE PENSACOLA, FL 32507 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	HUNTER, MARTH 117 SEAMARGE PENSACOLA, FL	CIRCLE 32507 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition HUNTER, MARTHA ANN 115 SEAMARGE CIRCLE PENSACOLA, FL 32507 DVST (X) Change () Addition MASSEY, LINDA 118 SEAMARGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32501		City-St-Zip:	PENSACOLA, FL 32507	
Title: Name: Address: City-St-Zip:	D () C HUNTER, R.K. 117 SEAMARGE PENSACOLA, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HUNTER, R.K. 115 SEAMARGE CIRCLE PENSACOLA, FL 32507	
Title: Name: Address: City-St-Zip:	D () D JANIS, ROSE A 5005 AMBERWO GLEN ALLEN, VA	OD DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () C STURDEVANT, TI 2122 ST. MARY C CAMP LEJEUNE,	DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STURDEVANT, TINA 15352 EDGEHILL DRIVE MONTCLAIR, VA 22025	
Title: Name: Address: City-St-Zip:	D () C COOPER, DONIN 2499 ROBERT LA BIRMINGHAM, AL	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LINDA J. MASSEY SEC 04/28/2009