2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# P97000002338

Entity Name: BB INSURANCE MARKETING, INC.

Current Principal Place of Business:

11870 WEST STATE ROAD 84 C-15
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 551267
FT. LAUDERDALE, FL 333551267

New Mailing Address:

FEI Number: 59-3422826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, BARRY
7571 BLACK OLIVE WAY
TAMARAC, FL 33321 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: P ( ) Delete
Name: BROWN, BARRY
Address: 7571 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321 US

Title: V ( ) Delete
Name: BROWN, JASON
Address: 10604 NW 6TH COURT
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JASON BROWN V 01/30/2008

Electronic Signature of Signing Officer or Director Date