# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2005**
**Secretary of State**

DOCUMENT# P97000066596

**Entity Name:** THE INSURANCE MARKETING NETWORK, INC.

**Current Principal Place of Business:**

967 N KROME AVE
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

967 N KROME AVE
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number: 65-0771501** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANN, GARY
12274 SW 123 PLACE
MIAMI, FL 33186 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: DP ( ) Delete
Name: LANN, GARY
Address: 12274 SW 123RD PLACE
City-St-Zip: MIAMI, FL 33186

Title: DV ( ) Delete
Name: LANN, MARK
Address: 13386 S.W. 128 ST.
City-St-Zip: MIAMI, FL 33186

**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 for the exemption stated in Section 119.07(3)(i), 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: GARY LANN DP 01/14/2005

Electronic Signature of Signing Officer or Director — Date