

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066596

FILED
Jan 11, 2006
Secretary of State

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 (X) 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 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: GARY LANN

DP

01/11/2006

Electronic Signature of Signing Officer or Director

Date