

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009980

FILED
Apr 26, 2007
Secretary of State

Entity Name: NATIONAL POINT AND INSURANCE REDUCTION COURSE, INC.

Current Principal Place of Business:

12000 BISCAYNE BOULEVARD
#705
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BOULEVARD
#705
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0809288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SASLAW, GARY R
20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA, FL 33180- 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: HOFFHEIMER, JAMES
Address: 12000 BISCAYNE BLVD. #705
City-St-Zip: NORTH MIAMI, FL 33181

Title: DVST () Delete
Name: SASLAW, GARY R
Address: 20801 BISCAYNE BLVD., #304
City-St-Zip: AVENTURA, FL 33180

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: KYMM ABRAHAMSON

CFO

04/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date