

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009980

FILED  
Feb 28, 2008  
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:

6919 W. BROWARD BLVD.  
#286  
PLANTATION, FL 33317

## Current Mailing Address:

12000 BISCAYNE BOULEVARD  
#705  
NORTH MIAMI, FL 33181

## New Mailing Address:

6919 W. BROWARD BLVD.  
#286  
PLANTATION, FL 33317

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:

KYMM, ABRAHAMSON  
6919 W. BROWARD BLVD  
# 286  
PLANTATION, FL 33317 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: KYMM ABRAHAMSON

02/28/2008

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: P (X) Change ( ) Addition  
Name: PREMIER, HOWARD  
Address: 6919 W. BROWARD BLVD. # 286  
City-St-Zip: PLANTATION, FL 33317

Title: CEO (X) Change ( ) Addition  
Name: ALEKSINTSER, GARY  
Address: 17328 VENTURA BLVD. # 202  
City-St-Zip: ENCINO, CA 91316

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: HOWARD PREMIER

PRES

02/28/2008

Electronic Signature of Signing Officer or Director

Date