## 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: New Principal Place of Business:

12000 BISCAYNE BOULEVARD 6919 W. BROWARD BLVD.

#705 #286

NORTH MIAMI, FL 33181 PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

12000 BISCAYNE BOULEVARD 6919 W. BROWARD BLVD.

#705 #286 NORTH MIAMI, FL 33181 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: Name and Address of New Registered Agent:

SASLAW, GARY R

20801 BISCAYNE BOULEVARD
SUITE 304

KYMM, ABRAHAMSON
6919 W. BROWARD BLVD
# 286

SUITE 304 # 286 AVENTURA, FL 33180- US 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: HOFFHEIMER, JAMES Name: PREMER, HOWARD

 Address:
 12000 BISCAYNE BLVD. #705
 Address:
 6919 W. BROWARD BLVD. # 286

 City-St-Zip:
 NORTH MIAMI, FL 33181
 City-St-Zip:
 PLANTATION, FL 33317

Title: DVST ( ) Delete Title: CEO (X) Change ( ) Addition

 Name:
 SASLAW, GARY R
 Name:
 ALEKSINTSER, GARY

 Address:
 20801 BISCAYNE BLVD., #304
 Address:
 17328 VENTURA BLVD. # 202

City-St-Zip: AVENTURA, FL 33180 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 PREMER PRES 02/28/2008