

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009980

FILED  
May 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

17328 VENTURA BLVD.  
SUITE #202  
ENCINO, CA 91316

**Current Mailing Address:**

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

**New Mailing Address:**

17328 VENTURA BLVD.  
SUITE #202  
ENCINO, CA 91316

FEI Number: 65-0809288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**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: GARY ALEKSINTSER

CEO

05/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date