

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020964

FILED
Apr 23, 2009
Secretary of State

Entity Name: CRITICAL ILLNESS INSURANCE MARKETING, INC.

Current Principal Place of Business:

200 NE 14TH AV.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 NE 14TH AV.
SUITE 13
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0818381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKERMAN, SHEILA
200 NE 14TH AV.
FT LAUDERDALE, FL 33301 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: ZUCKERMAN, SHEILA
Address: 200 NE 14TH AV
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP () Delete
Name: ZUCKERMAN, EDWARD
Address: 200 NE 14T AV
City-St-Zip: FT LAUDERDALE, FL 33301

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: EDWARD S. ZUCKERMAN

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date