2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007106

FILED Apr 29, 2009 Secretary of State

Entity Name: FLORIDA INSURANCE AND RETIREMENT ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
10 CENTRAL PARKW SUITE 450 STUART, FL 34994	AY			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
10 CENTRAL PARKW SUITE 450 STUART, FL 34994	AY			
FEI Number: 65-1007519	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:			f New Registered Agent:	
MEISEL, KEITH W PA 712 US HIGHWAY STE 230 NORTH PALM BEACH	H, FL 33408 US			
The above named enti in the State of Florida.	ry submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Elect	onic Signature of Registered Age	ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PSTD Name: LAMER, PAI Address: 10 CENTRA City-St-Zip: STUART, FL	PARKWAY SUITE 450	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PAUL B LAMER PSTD 04/29/2009