

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023219

FILED
Sep 03, 2004
Secretary of State

Entity Name: THE ACADEMY OF INSURANCE EDUCATION, INC.

Current Principal Place of Business:

852 WATERVIEW DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

852 WATERVIEW DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0901284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHMAN, MICHAEL
11900 BISCAYNE BLVD. STE. 740
MIAMI, FL 33181 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: DP () Delete
Name: KRINSKY, GAIL A
Address: 852 WATERVIEW DRIVE
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: KRINSKY, KEITH E VP
Address: 852 WATERVIEW DRIVE
City-St-Zip: WESTON, FL 33326

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 for the exemption stated in Section 119.07(3)(i), 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: GAIL KRINSKY

DP

09/03/2004

Electronic Signature of Signing Officer or Director

Date