2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# V65830

Entity Name: AI INSIGHT, INC.

Current Principal Place of Business:

4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3145074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: CHARLES, RANDY
Address: 4901 VINELAND RD., STE. 450
City-St-Zip: ORLANDO, FL 32811

Title: CPD ( ) Delete
Name: EPSTEIN, STEVEN M
Address: 4901 VINELAND RD., STE. 450
City-St-Zip: ORLANDO, FL 32811

Title: VP ( ) Delete
Name: FONTAINE, CHARLES P
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458 37

Title: EVP (X) Delete
Name: LEE, J. DIANE
Address: 4901 VINELAND RD., STE. 450
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458 37

Title: VPS ( ) Delete
Name: SEELEY, MARK
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458 37

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: INIGUEZ, RUBI
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: VP (X) Change ( ) Addition
Name: SIMONTON, RENEE
Address: 1105 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RENEE SIMONTON VP 03/15/2009

Electronic Signature of Signing Officer or Director Date