

No. C 164348		Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FINANCIAL INSURANCE MARKETING GROUP, INC. 11601 ROOSEVELT BLVD. NORTH ST. PETERSBURG FL 33716 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JACK DAVIS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
TREASURER	JACK DAVIS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
SECRETARY	JACK DAVIS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
VICE PRESIDENT	JACK DAVIS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
DIRECTOR	ROBERT LEGTERS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
PRESIDENT	ROBERT LEGTERS	11601 ROOSEVELT BLVD. NORTH	ST. PETERSBURG	FL	USA	33716
5. Organized Under the Laws of: DC C 164348		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 12/11/2013 Title: Poa				
Processed 12/11/2013		* Electronically provided signatures are accepted as original signatures.				