2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37191

FILED Jan 11, 2007 Secretary of State

Entity Name: GULF INSURANCE ASSOCIATES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

29811 US 19 N 1932 DREW ST SUITE 4

CLEARWATER, FL 33761 US CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

29811 US 19 N 1932 DREW ST SUITE 4

CLEARWATER, FL 33761 US CLEARWATER, FL 33765 US

FEI Number: 59-2910851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMADEO, ALESA A.

29811 US HIGHWAY 19 N

CLEARWATER, FL 33761 US

AMADEO, ALESA A.

1932 DREW ST SUITE 4

CLEARWATER, FL 33765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: 01/11/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

in the State of Florida.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 AMADEO, ALESA A.,
 Name:
 AMADEO, ALESA A.,

 Address:
 29811 US HIGHWAY 19 N
 Address:
 1932 DREW ST SUITE 4

 City-St-Zip:
 CLEARWATER, FL
 City-St-Zip:
 CLEARWATER, FL
 33765

I hereby certify that the information supplied with this filing does not qualify for the 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: ALESA AMADEO PRES 01/11/2007