2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P01000046739

Entity Name: USASSURE EBROKERAGE, INC.

Current Principal Place of Business:

5011 GATE PARKWAY SUITE 150
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5011 GATE PARKWAY SUITE 150
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3716332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM PA
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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: PETWAY, THOMAS F III
Address: 5011 GATE PARKWAY SUITE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete
Name: CASTRANOVA, ROBERT
Address: 5011 GATE PARKWAY SUITE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: CD ( ) Delete
Name: PETWAY, THOMAS F IV
Address: 5011 GATE PKWY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: AVP ( ) Delete
Name: BENSON, JEFFREY M
Address: 5011 GATE PKWY ST 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: AVP ( ) Delete
Name: MITCHELL, LAURA
Address: 5011 GATE PKWY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete
Name: EMANS, CHRISTOPHER F
Address: 5011 GATE PARKWAY, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: PEETERS, STEVEN J
Address: 5011 GATE PARKWAY SUITE 150
City-St-Zip: JACKSONVILLE, FL 32256

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

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: CHRISTOPHER F. EMANS S 01/08/2008
Electronic Signature of Signing Officer or Director Date