

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091928

FILED
Apr 28, 2008
Secretary of State

Entity Name: CAREFREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

300 SOUTH PARK RD
HOLLYWOOD, FL 33021

New Principal Place of Business:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

Current Mailing Address:

2828 CROASDAILE DRIVE
DURHAM, NC 27705

New Mailing Address:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

FEI Number: 59-3750548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: PD () Delete
Name: VANNOTE, ARTHUR J
Address: 399 N.W. 87TH TERR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD () Delete
Name: WEGNER, ANITA S
Address: 2828 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

Title: D () Delete
Name: KING, FELICIA
Address: 2828 CROASDAILE DR.
City-St-Zip: DURHAM, NC 27705

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change () Addition
Name: BRODMERKEL, THOMAS E
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: SVP (X) Change () Addition
Name: COVERT, KIMBERLY
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: P (X) Change () Addition
Name: VANNOTE, ARTHOR J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: T () Change (X) Addition
Name: HARDY, GREG
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: S () Change (X) Addition
Name: MOTGOMERY, GLORIA
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

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: E. THOMAS BRODMERKEL

SVP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date