2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000130259 VERITAS INSURANCE GROUP, INC.



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Principal Place of Business 742 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701			Mailing Address 742 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701			40	1099168					
2. Principal Plac	ce of Busine	ess - No P.O. Box#	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302007	Chg-P	CRSEO	34 (12/06)		
City & State			City & State			4. FEI Numb		O NZEO		oplied For		
· · · · · · · · · · · · · · · · · · ·							04-372			No	ot Applicable	
Zip		Country	Zip	Zip Count			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered /	Agent		
GLADSTONE, LISA R						Name						
742 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701					Street Address (P.O. Box Number is Not Acceptable)							
									FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered						r register	ed agent, or bo	oth, in the State of		familiar with,	and accept	
the obligations of registered agent.												
SIGNATURE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS 11.							ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	-	NE LICA D	☐ Delete	TITL		Presi	dent	d etho no		Change	Addition	
		NE, LISA R VENUE SOUTH		NAM! STRE		LISA	and Ave	dstone nue South				
		RSBURG, FL 33701		CITY-		54.	Peterbul	a FL 33	701			
TITLE S			☐ Delete	TITLE				,		☐ Change	Addition	
		., KATHRYN VENUE SOUTH		NAM Stre								
		RSBURG, FL 33701		CITY								
TITLE .	1	=	☐ Delete	TITLE	 E	Direc				☐ Change	Addition	
NAME		_		NAM		Peter	Liegia	enue South				
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NAME			The neight	NAM						□ orange	T VORMOU	
STREET ADDRESS				•	ET ADDRESS							
CITY-ST-ZIP	difu that the	information supplied with	this filing does not qualify fo	_1	-ST-ZIP	l Instaland	in Chantar 111	O. Elecido Statutas	I further new	:	-1	

I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empression as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.32.07

FILED

May 02, 2007 8:00 am Secretary of State

05-02-2007 90067 009 ***150.00