2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086375

1. Entity Name

G E L INSURANCE CORPORATION



Principal Place of Business

Mailing Address

7911 W UPPERRIDGE DRIVE PARKLAND, FL 33067

7911 W UPPERRIDGE DRIVE PARKLAND, FL 33067 FILED May 07, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05142007	No Chg-P	CR2E034 (11/05)			
4. FFI Number			App		

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHT, GORDON E 7911 W UPPERRIDGE DRIVE PARKLAND, FL 33067

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE_	Const. va. treat or cruled came of secretarial report and till	d applicable (NOTE: Bao	unternal Acent constitut	remurad when roundtaine)	DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PSTD LIGHT, GORDON E 7911 W UPPERRIDGE DRIVE PARKLAND, FL 33067				U00000761669 05/25/07-80065-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY: ST- ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
12. I hereby 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 ususee empowered Toxecute this people 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.							