

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001268

Entity Name: DMA INSURANCE GROUP, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

16520 S. TAMIAMI TRAIL #18-298
FORT MYERS, FL 33908

New Principal Place of Business:

16520 S. TAMIAMI TRAIL #202
FORT MYERS, FL 33908

Current Mailing Address:

16520 S. TAMIAMI TRAIL #18-298
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 02-0798470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, DANIELLI M
17150 CALOOSA TRACE CIRCLE
FORT MYERS, FL 33967 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: P/D () Delete
Name: DANIELLI, AUSTIN M
Address: 17150 CALOOSA TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: VP/S () Delete
Name: DANIELLI, AUSTIN M
Address: 17150 CALOOSA TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIELLI AUSTIN

P/D

01/11/2008

Electronic Signature of Signing Officer or Director

Date