2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P09000057622

Entity Name: INSURANCE ONE, INC.

Current Principal Place of Business:

2937 KERRY FOREST PKWY A-2
TALLAHASSEE, FL 32309

New Principal Place of Business:

6808 THOMASVILLE ROAD
UNIT 106A
TALLAHASSEE, FL 32312

Current Mailing Address:

2937 KERRY FOREST PKWY A-2
TALLAHASSEE, FL 32309

New Mailing Address:

6808 THOMASVILLE ROAD
UNIT 106A
TALLAHASSEE, FL 32312

FEI Number: 80-0437374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAXWELL, STACEY
2937 KERRY FOREST PKWY A-2
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MAXWELL, STACEY M
6808 THOMASVILLE ROAD
UNIT 106A
TALLAHASSEE, FL 32312 US

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: STACEY M. MAXWELL 05/03/2010
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: MAXWELL, STACEY
Address: 6808 THOMASVILLE ROAD, UNIT 106A
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: STACEY MAXWELL PD 05/03/2010
Electronic Signature of Signing Officer or Director Date