


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000005305
 1. Entity Name
 THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.



Principal Place of Business: 1386 S. SAXON BLVD. DELTONA, FL 32725
 Mailing Address: 1386 S. SAXON BLVD. DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3227963 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ, JULIAN
 1386 S. SAXON BLVD
 DELTONA, FL 32725

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RODRIGUEZ, JULIAN
STREET ADDRESS	1386 S. SAXON BLVD
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	V
NAME	RODRIGUEZ, ELAINE Y
STREET ADDRESS	1386 S. SAXON BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	ST
NAME	RODRIGUEZ, ROSA B
STREET ADDRESS	1386 S. SAXON BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	P
NAME	RODRIGUEZ, JULIAN E
STREET ADDRESS	1386 S. SAXON BLVD
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or trustee empowered to execute this report 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: *Julian E Rodriguez* 03/22/07 386985-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #