2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# P94000038652

Entity Name: NATIONAL INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

800 YAMATO RD
SUITE 100
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

800 YAMATO RD
SUITE 100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0504990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENNELLA, FRANK
800 YAMATO R
SUITE 100
BOCA RATON, FL 33431 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: VD ( ) Delete
Name: SMITH, ANDREW
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: PD ( ) Delete
Name: MENNELLA, FRANK
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete
Name: LYN, JAMIE
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: T (X) Delete
Name: GOLDFARB, HOWARD
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, ANDREW
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change ( ) Addition
Name: LYN, JAMIE
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: T (X) Change ( ) Addition
Name: GOLDFARB, HOWARD
Address: 800 YAMATO RD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

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: ANDREW SMITH PD 03/25/2008

Electronic Signature of Signing Officer or Director Date