2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# P07000094403

Entity Name: DOMAIN INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

5683 NAPLES BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5683 NAPLES BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 26-0769223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMAIN, NICHOLAS J
12915 KINGSMILL WAY
FORT MYERS, FL 33913 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

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: DOMAIN, NICHOLAS J
Address: 12915 KINGSMILL WAY
City-St-Zip: FORT MYERS, FL 33913 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST (X) Change ( ) Addition
Name: DOMAIN, NICHOLAS J
Address: 12915 KINGSMILL WAY
City-St-Zip: FORT MYERS, FL 33913 US

Title: P ( ) Change (X) Addition
Name: ODUM, HOMER
Address: 9241 BAYBERRY BEND 102
City-St-Zip: FORT MYERS, FL 33908

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: NICHOLAS DOMAIN V 05/05/2008

Electronic Signature of Signing Officer or Director Date