2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2007 8:00 am Secretary of State

DOCUMENT # 220531 1. Entity Name LIBERTY AMERICAN INSURANCE AGENCY, INC.						05-09-200	07 90108 033 **	*150.00
Principal Place of Business 7785 66TH ST N PO BOX 8080 PINELLAS PARK, FL 33780-8080 US Mailing Address 7785 66TH ST N PO BOX 8080 PINELLAS PARK, FL 33780-8080 US				080 US				(184 1)
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04242007	Chg-P	CR2E034 (12/00	i)
City & State		City & State		4. FEI Number 59-0859		⊢	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered Agent	
MEVED B	DI ICE T			Name				
MEYER, BRUCE T 7785 66TH ST N PINELLAS PARK, FL 33781-3113				Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing it:	s register	ed office or re	egistered agent, or bot	h, in the State of Flo	orida. I am familiar wi	th, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature	required when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees		-	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED NAME OF SIGNATURE AND TYPED NAME OF SIGNATURE AND TYPED NAME OF SIGNATURE NAME OF SIGNATURE NAME OF SIGN