2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249568

City-St-Zip: MIAMI, FL 33172

Entity Name: U. S. INSURORS, INC.

FILED Apr 23, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|---|---------------------------------|---|---|--|
| 10707 CLA HOUSTOI | AY RD N, TX 77041 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| POBOX 28 HOUSTOI | 863 N, TX 77252 | US | 10707 CLAY RD HOUSTON, TX 77041 | US | |
| FEI Number | : 59-0970313 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and Address of I | New Registered Agent: | |
| 1200 S. PI PLANTAT The above | ORATION SYS NE ISLAND RO ION, FL 33324 In named entity is e of Florida. | DAD I US | ourpose of changing its registered o | office or registered agent, or both | |
| SIGNATU | | | | _ | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | |
| Title: Name: Address: City-St-Zip: | VPAS () LANE, STEVEN 10707 CLAY R HOUSTON, TX | D | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () MILLER, STUA 700 NW 107TH MIAMI, FL 331 | I AVENUE | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP () GEORGE, RON 700 NW 107TH MIAMI, FL 331 | AVENUE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () GROSS, BRUC 700 NW 107TH MIAMI, FL 331 | AVENUE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: | D () BESSETTE, DI 700 NW 107TH | | Title: (Name: Address: |) Change () Addition | |

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.

City-St-Zip:

SIGNATURE: STEVEN E LANE VP 04/23/2008