2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# 310193

Entity Name: NUMBER ONE INSURANCE CORP

Current Principal Place of Business:

2500 N POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 979
DEERFIELD BEACH, FL 334437979

New Mailing Address:

FEI Number: 59-1200020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONIGSBURG, BRUCE PRES
3902 NW 55 STR
COCONUT CREEK, FL 33073 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 (X).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: KONIGSBURG, BRUCE
Address: 3902 NW 55 ST
City-St-Zip: COCONUT CREEK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: KONIGSBURG, BRUCE
Address: 3902 NW 55 ST
City-St-Zip: COCONUT CREEK, FL 33073

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: BRUCE KONIGSBURG PRES 04/19/2009

Electronic Signature of Signing Officer or Director Date