

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329217

FILED
Apr 29, 2009
Secretary of State

Entity Name: INSURE AMERICA GROUP, INC.

Current Principal Place of Business:

1801 HOBBS RD
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

1801 HOBBS RD
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-1212989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, JAMES F
1801 HOBBS DR
AUBURNDALE, FL 33823 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: PD () Delete
Name: KNIGHT, JAMES F
Address: 1081 HOBBS RD
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: WILSON, DENNY
Address: 6695 WILLOWS WAY
City-St-Zip: CUMMING, GA 30040

Title: T () Delete
Name: RUGGIERI, MARK
Address: 1 EAGLES NEST
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: LEOPARD, TIMOTHY
Address: 115 TERRACE DR
City-St-Zip: WINTER HAVEN, FL 33804

Title: CFO (X) Delete
Name: WILLIAM, KEITH C
Address: 1801 HOBBS ROAD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK J RUGGIERI

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date