

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387043

FILED
Apr 19, 2007
Secretary of State

Entity Name: NATIONAL INSURANCE AGENCY INC.

Current Principal Place of Business:

C/O ARTHUR W. HEGGEN
11222 QUAIL ROOST DR
MIAMI, FL 331576543 US

New Principal Place of Business:

Current Mailing Address:

C/O ARTHUR W HEGGEN
11222 QUAIL ROOST DR
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-1357775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEGGEN, ARTHUR W
11222 QUAIL ROOST DR.
MIAMI, FL 33157 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: VD () Delete
Name: KILMER, LINDA
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: LAMNIN, ADAM
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: ASD () Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: VT () Delete
Name: CASTELO, ENRIQUE L
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL

Title: S (X) Delete
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: VPAT (X) Delete
Name: STOCKER, WENDALL
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL

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

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

Title: VPTD (X) Change () Addition
Name: STOCKER, WENDALL
Address: 260 INTERSTATE NO CIRCLE SE
City-St-Zip: ATLANTA, GA 33039

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 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: JEANNIE ARAGON-CRUZ

S

04/19/2007

Electronic Signature of Signing Officer or Director

Date