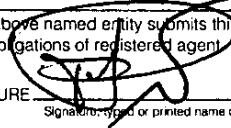
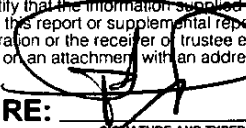


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90053 038 ***158.75

DOCUMENT # 466805 1. Entity Name SOUTHEAST INSURANCE CENTER, INC.					
Principal Place of Business 2280 W 84TH STREET SUITE 5B MIAMI, FL 33016-5705 US			Mailing Address 2280 W 84TH STREET SUITE 5B MIAMI, FL 33016-5705 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04142008 Chg-P CR2E034 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREW, DICKSON F 2ND FLOOR 1000 NW 159 DRIVE MIAMI, FL 33169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2280 W 84 ST #5B City Miami FL 33016		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  F. Dickson Prew PUPST 4-14-08 5705 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ☐ Delete PREW, F DICKSON 1000 NW 159 DRIVE, 2ND FLOOR MIAMI, FL 331695806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2280 W 84 ST #5B Miami FL 33016-5705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete PREW, F DICKSON 1000 NW 159 DRIVE 2ND FLOOR MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2280 W 84 ST #5B Miami FL 33016-5705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  F. Dickson Prew PUPST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/14/08 Daytime Phone # 305-685-0000		