2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# 482173

Entity Name: STATE NO-FAULT INSURANCE AGENCY, INC.

Current Principal Place of Business:

1220 S. DIXIE HIGHWAY
LAKE WORTH, FL 33460 US

New Principal Place of Business:

6119 S.E. WINDSONG LANE
STUART, FL 34997 US

Current Mailing Address:

1220 S. DIXIE HIGHWAY
LAKE WORTH, FL 33460 US

New Mailing Address:

P.O. BOX 2968
STUART, FL 34995 US

FEI Number: 59-1618978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALY, FRANK P., III
1689 S.E. POMEROY STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

DALY, FRANK P., III
6119 S.E. WINDSONG LANE
STUART, FL 34997 US

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: FRANK DALY 04/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DALY, FRANK P., III,
Address: 1689 S.E. POMEROY STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DALY, FRANK P., III,
Address: 6119 S.E. WINDSONG LANE
City-St-Zip: STUART, FL 34997

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: FRANK DALY P 04/14/2008
Electronic Signature of Signing Officer or Director Date