2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 NOV 24 AM 9:25

TALLAHASSEE, FLORIDA

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11/24/08--01059--014 **61.25

DOCUMENT # 582277

1. Entity Name
CAPITAL ASSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33134	P.O. BOX 149061 CORAL GABLES, FL 33114-9061 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7901 4TH STREET NORTH	7901 4TH STREET NORTH
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33702 Country: USA	Zip: 33702 Country: USA

11102008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-1847174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, JOHN D 2333 PONCE DE LEON BLVD. #300 CORAL GABLE, FL 33134	Name: THOMAS J. BALKAN Street Address (P.O. Box Number is Not Acceptable): 7901 4TH STREET NORTH SUITE 203 City: ST. PETERSBURG FL Zip Code: 33702

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: Thomas J. Balkan Thomas J. Balkan 11/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	VD	☑ Delete	TITLE	CEO/D	☐ Change ☑ Addition
NAME	POYHONEN, JORMA		NAME	KARL J. WALL	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300		STREET ADDRESS	7901 4TH STREET NORTH, STE. 203	
CITY-ST-ZIP	CORAL GABLES, FL 33114		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	TSDV	☑ Delete	TITLE	PTD	☐ Change ☑ Addition
NAME	RODRIGUEZ, MARTHA		NAME	ROBERT CARLSON	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300		STREET ADDRESS	200 METRO CENTER BLVD, UNIT #8	
CITY-ST-ZIP	CORAL GABLES, FL 33114		CITY-ST-ZIP	WARWICK, RI 02886	
TITLE	DP	☑ Delete	TITLE	VID	☐ Change ☑ Addition
NAME	MARSHALL, JOHN D		NAME	DEBBIE HARAN	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300		STREET ADDRESS	7901 4TH STREET NORTH, STE. 203	
CITY-ST-ZIP	CORAL GABLES, FL 33114		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	D	☑ Delete	TITLE	VID	☐ Change ☑ Addition
NAME	GORDON, NANCY P.		NAME	ANDREA GIANNETTA	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300		STREET ADDRESS	200 METRO CENTER BLVD, UNIT #8	
CITY-ST-ZIP	CORAL GABLES, FL 33114		CITY-ST-ZIP	WARWICK, RI 02886	
TITLE	D	☑ Delete	TITLE	VID	☐ Change ☑ Addition
NAME	WENNERKLINT, RICHARD		NAME	JAMES GRAJEWSKI	
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 300		STREET ADDRESS	7901 4TH STREET NORTH, STE. 203	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	S	☑ Delete	TITLE	S	☐ Change ☑ Addition
NAME	LOPEZ, MERCEDES		NAME	THOMAS J. BALKAN	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300		STREET ADDRESS	7901 4TH STREET NORTH, STE. 203	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	

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: Thomas J. Balkan Thomas J. Balkan 11/10/08 727-576-1632, x208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/25/08