2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707714

FILED Apr 13, 2007 Secretary of State

Entity Name: PROFESSIONAL INSURANCE AGENTS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1390 TIMBERLANE ROAD TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 1390 TIMBERLANE ROAD TALLAHASSEE, FL 32312 FEI Number: 59-0870355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OCONNELL, MARK 1390 TIMBERLANE RD. TALLAHASSEE, FL 32312 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIS, LARRY Name: Name: 18401 N.W. 27 AVE. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete WILLIAMS, LORENE Name: WILLIAMS, LORENE Name: Address: 5003 OLD CHENEY HWY Address: 5003 OLD CHENEY HWY City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807 Title: **EVP** () Delete Title: () Change () Addition OCONNELL, MARK Name: Name: 1390 TIMERLANE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LANGSTON, EDWARD Name: Address: 500 E. HIGHWAY 436 #16 Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: () Change () Addition MCMAHON, DONALD Name: Name: 375A N 9TH AVENUE Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: (X) Change () Addition GONZALEZ. SERGIO GONZALEZ, SERGIO Name: Name: Address: 9995 SUNSET DR #102 Address: 9995 SUNSET DR #102 MIAMI, FL 33173 MIAMI, FL 33173 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK O'CONNELL EVP 04/13/2007