2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770338

Entity Name: CHRISTOPHER ASSURANCE, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6363 9TH AVE N ST PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

6363 9TH AVE N POB 40200 ST PETERSBURG, FL 33743

FEI Number: 59-2356987 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:

DIVITO, JOSEPH A 4514 CENTRAL AVENUE SAINT PETERSBURG, FL 33711 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MULDOON, BRENDAN. LYNCH, ROBERT N REV. Name: Name: 6363 9TH AVENUE NO. Address: 6363 9TH AVENUE NO. Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33710 (X) Change () Addition Title: Title: () Delete

 Name:
 WARD, PAUL A. JR.,
 Name:
 MORRIS, ROBERT REV.

 Address:
 6363 9TH AVENUE NO.
 Address:
 6363 9TH AVENUE NO.

 City-St-Zip:
 ST. PETERSBURG, FL
 ST. PETERSBURG, FL 33710

Title: VD () Delete Title: D/VP (X) Change () Addition Name: GIBBONS, ROBERT C. Name: DEPTULA, ELIZABETH

Address: 6363 9TH AVE NORTH Address: 6363 9TH AVE NORTH City-St-Zip: ST. PETERSBURG, FL 33710

 $\label{eq:title: C () Delete Title: D/VP (X) Change () Addition} \end{minipage}$

 Name:
 LYNCH, ROBERT
 Name:
 MURPHY, FRANK

 Address:
 6363 9TH AVENUE NORTH
 Address:
 6363 9TH AVENUE NORTH

 City-St-Zip:
 ST. PETERSBURG, FL
 City-St-Zip:
 ST. PETERSBURG, FL 33710

Title: VD () Delete Title: S (X) Change () Addition

 Name:
 DEPTULA, ELIZABETH
 Name:
 MORGAN, JOAN

 Address:
 6363 9TH AVE N
 Address:
 6363 9TH AVE N

City-St-Zip: ST. PETERSBURG, FL 33710

Title: Title: T () Change (X) Addition

Name: Name: WARD, PAUL

Address: Address: 6363 9TH AVENUE NORTH
City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33710

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. DIVITO RA 04/30/2008