2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002044

Entity Name: GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC.

FILED Jan 02, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
50 FEDERA SUITE 208 BOSTON, M						
Current Mailing Address:			New Mailii	New Mailing Address:		
50 FEDERA SUITE 208 BOSTON, M	AL STREET MA 02110					
FEI Number:	04-3524319	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Statu	us Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SUITE 4	/ICES, INC. CUTIVE PARK FL 33331 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.						
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () BOISVERT, DA 77 MAIN STRE HOPKINTON, M	ET	Title: Name: Address: City-St-Zip:	PCD (X) Change () Addition BOISVERT, DANIEL G 50 FEDERAL STREET BOSTON, MA 02110	1	
Title: Name: Address: City-St-Zip:	VSTD () SULLIVAN, JOS 77 MAIN STRE HOPKINTON, M	ET	Title: Name: Address: City-St-Zip:	VSTD (X) Change () Addition SULLIVAN, JOSEPH W 50 FEDERAL STREET BOSTON, MA 02110	1	
Title: Name: Address: City-St-Zip:	COLLINS, JOH	CENTER DR., STE 1	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COLLINS, JOHN B 8500 NORMANDALE LAKE BLVD, S MINNEAPOLIS, MN 55437		
Title: Name: Address: City-St-Zip:	SHARMA, VIBH	CENTER DR STE 1	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHARMA, VIBHU R 8500 NORMANDALE LAKE BLVD, S MINNEAPOLIS, MN 55437		
Title: Name: Address: City-St-Zip:	D () DENZER, PATE 8300 NORMAN MINNEAPOLIS	CENTER DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DENZER, PATRICK J 8500 NORMANDALE LAKE BLVD, S MINNEAPOLIS, MN 55437		

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: JOSEPH W. SULLIVAN VSTD 01/02/2008