

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006681

Entity Name: INSURANCE EXPRESS.COM, INC.

FILED  
Apr 17, 2008  
Secretary of State

## Current Principal Place of Business:

444 MAIN STREET  
MALDEN, MA 02148

## New Principal Place of Business:

## Current Mailing Address:

444 MAIN STREET  
MALDEN, MA 02148

## New Mailing Address:

284 N. BROADWAY  
SALEM, NH 03079 US

FEI Number: 04-3564249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRACEFFO, EUGENE E  
2101 CENTRE PARK WEST DRIVE, SUITE #175  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRACEFFO, EUGENE  
Address: 28 EXETER ST. APT. 308  
City-St-Zip: BOSTON, MA 02116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRACEFFO, EUGENE  
Address: 5 TIFFANY LANE  
City-St-Zip: ROCKLAND, MA 02370

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: GENE GRACEFFO

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date