

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000238

FILED
May 02, 2008
Secretary of State

Entity Name: AMWINS BROKERAGE OF NEW JERSEY, INC.

Current Principal Place of Business:

485 ROUTE 1 SOUTH
PLAZA E - SUITE 290
ISELIN, NJ 08830

New Principal Place of Business:

4725 PIEDMONT ROW DR
STE 600
CHARLOTTE, NC 28210

Current Mailing Address:

485 ROUTE 1 SOUTH
PLAZA E - SUITE 290
ISELIN, NJ 08830

New Mailing Address:

4725 PIEDMONT ROW DR
STE 600
CHARLOTTE, NC 28210

FEI Number: 22-3297313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: DECARLO, MICHAEL STEVEN
Address: 485 ROUTE 1 SOUTH PLAZA E - SUITE 290
City-St-Zip: ISELIN, NJ 08830

Title: VPSD () Delete
Name: PURVIANCE, SCOTT M
Address: 485 ROUTE 1 SOUTH PLAZA E - SUITE 290
City-St-Zip: ISELIN, NJ 08830

Title: P (X) Delete
Name: MORSE, PAUL E
Address: 485 ROUTE 1 SOUTH PLAZA E - SUITE 290
City-St-Zip: ISELIN, NJ 08830

Title: AS (X) Delete
Name: HIGBEA, ANGELA
Address: 485 ROUTE 1 SOUTH PLAZA E - SUITE 290
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: DECARLO, MICHAEL STEVEN
Address: 4725 PIEDMONT ROW DR, STE 600
City-St-Zip: CHARLOTTE, NC 28210

Title: VPSD (X) Change () Addition
Name: PURVIANCE, SCOTT M
Address: 4725 PIEDMONT ROW DR, STE 600
City-St-Zip: CHARLOTTE, NC 28210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRYSTAL FICKEN

POA

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date