

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005510

FILED
Jan 12, 2009
Secretary of State

Entity Name: TRACKSURE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2677 N MAIN STREET
SUITE 600
SANTA ANA, CA 927056629

New Principal Place of Business:

Current Mailing Address:

2677 N MAIN STREET
SUITE 600
SANTA ANA, CA 927056629

New Mailing Address:

FEI Number: 33-0388029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: PD () Delete
Name: MERGELMEYER, GENE
Address: 330 S. ANITA DR.
City-St-Zip: ORANGE, CA 92868

Title: VD () Delete
Name: VANGEESE, BRUCE
Address: 260 INTERSTATE NORTH CIR SE
City-St-Zip: ATLANTA, GA 303392210

Title: S () Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 331572210

Title: CFO () Delete
Name: JUAREZ, ERIC M
Address: 2677 N MAIN STREET STE 600
City-St-Zip: SANTA ANA, CA 927056629

Title: TV () Delete
Name: STOCKER, WENDALL
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: FROBOSE, JOHN
Address: 260 INTERSTATE NORTH CIR SE
City-St-Zip: ATLANTA, GA 303392210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ARAGON-CRUZ, JEANNIE A
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 331572210

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

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

Title: V (X) Change () Addition
Name: MADIGAN, DAVID P
Address: 333 S. ANITA DRIVE, #200
City-St-Zip: ORANGE, CA 92868

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: DAVID P. MADIGAN

V

01/12/2009

Electronic Signature of Signing Officer or Director

Date