


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000633

1. Entity Name
INSURANTI, INC.



Principal Place of Business
**6161 OAK TREE BLVD. SUITE 202
 INDEPENDENCE, OH 44131**

Mailing Address
**6161 OAK TREE BLVD. SUITE 202
 INDEPENDENCE, OH 44131**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5999297

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PK DR STE 4
 WESTON, FL 33331**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000951518
 06/04/08-80038-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREEMAN, AUTRY
STREET ADDRESS	1743 SMOKEY RD RD
CITY-ST-ZIP	NEWMAN, GA 30263
TITLE	V
NAME	JONES, DANNY
STREET ADDRESS	224 JONES FARM RD
CITY-ST-ZIP	PITTSBORO, NC 27312
TITLE	ST
NAME	FISHER, JAMES
STREET ADDRESS	17881 N WD LAKE DR
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Fisher Date: May 1, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 216-674-7500