

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005244

Entity Name: TAS INSURANCE GROUP, INC.

FILED
Feb 03, 2010
Secretary of State

Current Principal Place of Business:

216 NE CHIPMAN ROAD
LEE'S SUMMIT, MO 64063

New Principal Place of Business:

255 NW BLUE PARKWAY
SUITE 102
LEE'S SUMMIT, MO 64063

Current Mailing Address:

216 NE CHIPMAN ROAD
LEE'S SUMMIT, MO 64063

New Mailing Address:

PO BOX 1540
LEE'S SUMMIT, MO 64063

FEI Number: 43-1807622

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: WEAR, CHARLIE
Address: 12423 BANYAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PTD
Name: DEORIO, TAD
Address: 5629 NE NORTHGATE CROSSING
City-St-Zip: LEE'S SUMMIT, MO 64064

Title: VPSD
Name: WEAR, CHARLES
Address: 12423 BANYAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: TAD DEORIO

PRES

02/03/2010

Electronic Signature of Signing Officer or Director

Date