2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

1. Entity Name GROUP IN:	IENT # F91260 SURANCE, INC.					02-13-2008	90021 00	05 ***15	0.00
Principal Place of 313 FLETCHER TAMPA, FL 336	AVE.	Mailing Address 313 FLETCHER AVE. TAMPA, FL 33615				T	113 11 11311 1 1111		1881 II 1881
2. Principal Plac	ce of Business - No P.O. Box #	3. Mailing Address							188 1 1888
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			02072008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 59-22124				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of			8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	***	Name	7. Name and A	dress of New Re	gistered A	gent	
MICHAEL A	ососк					-			
313 FLETCH TAMPA, FL				Street Address	s (P.O. Box Number i	s Not Acceptable) 		
				City			FL	Zip Code	,
	amed entity submits this statement for as of registered agent.	r the purpose of changing its	register	L ed office or regist	ered agent, or both,	in the State of Flo		amiliar with,	and accept
	is or registered agent.								
SIGNATURE									
Sig	gnature, typed or printed name of registered agent a	and title if applicable, (NCT	E: Registere	d Agent signature requir	red when reinstating)	•	DATE	*	
Sig FILE I	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.0	9. Election Campa	ign Finar	neing _ \$	5.00 May Be		DATE		
Sig FILE I	NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Con	ign Finar	neing \$.	5.00 May Be	IANGES TO OFFI		DIRECTORS	GIN 11
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/11/08

813-935-8795

Daytime Phone #