


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000006347

1. Entity Name
 RV AMERICA INSURANCE MARKETING, INC.



Principal Place of Business Mailing Address

15 MCCOY PLACE 15 MCCOY PLACE
 SIMI VALLEY, CA 93065 SIMI VALLEY, CA 93065



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 77-0512177 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.
 17888 67TH COURT NORTH
 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BENDER, PAUL ALLAN 15 MCCOY PLACE SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREEDMAN, STEVEN EDWARD 15 MCCOY PLACE SIMI VALLEY, CA 93065
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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:  Paul A Bender 1/24/08 818-735-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #