

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47944

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** CREATIVE ALTERNATIVE INSURANCE, INC.

**Current Principal Place of Business:**

7883 CROSSWINDS WAY  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

7883 CROSSWINDS WAY  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-2310116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INDORF, DANIEL  
7883 CROSSWINDS WAY  
MT  
MT. DORA, FL 32757 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:** P  
**Name:** INSDORF, DANIEL  
**Address:** 7883 CROSSWINDS WAY  
**City-St-Zip:** MT. DORA, FL 32757

**Title:** D  
**Name:** INSDORF, CAROLEE  
**Address:** 7883 CROSSWINDS WAY  
**City-St-Zip:** MT. DORA, FL 32757

**Title:** D  
**Name:** INSDORF, JARED  
**Address:** 7883 CROSSWINDS WAY  
**City-St-Zip:** MT. DORA, FL 32757

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:** DANIEL INSDORF

PRES

02/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date