

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12402

FILED
Mar 18, 2011
Secretary of State

Entity Name: KAMIKAZE REINSURANCE OF FLORIDA, INC.

Current Principal Place of Business:

635 93RD AVENUE NORTH
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 21377
SAINT PETERSBURG, FL 33742 US

New Mailing Address:

FEI Number: 59-2668386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, MERRITT A
WATERMARK 5 STE 200
5415 MARINER ST
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title: DP
Name: HANDEL, JOHN K.
Address: 635 93 AVE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: ST
Name: HANDEL, GAIL E.
Address: 635 93 AVE NORTH
City-St-Zip: ST. PETERSBURG, FL

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: JOHN K. HANDEL

_____ Electronic Signature of Signing Officer or Director

DP

03/18/2011

_____ Date