2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22243

Entity Name: TODD-DORROH INSURANCE, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4980 NORTH PINE ISLAND ROAD 3025 SIXTH STREET LAUDERHILL, FL 33351 MARIANNA, FL 32446

Current Mailing Address: New Mailing Address:

4980 NORTH PINE ISLAND ROAD 3025 SIXTH STREET LAUDERHILL, FL 33351 MARIANNA, FL 32446

FEI Number: 59-2680728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TODD, FRANCINE

6910 SW 7TH CT

N LAUDERDALE, FL 33068

US

TODD, FRANCINE

2389 STANDLAND ROAD

COTTONDALE, FL 32431

US

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: 01/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: TODD, FRANCINE M., Name: TODD, FRANCINE M.,

 Address:
 6910 S.W. 7TH CT.
 Address:
 2389 STANDLAND ROAD

 City-St-Zip:
 N. LAUDERDALE, FL 33068
 City-St-Zip:
 COTTONDALE, FL 32431

 Name:
 TINA TODD,
 Name:
 TINA SCANLON,

 Address:
 2389 STANDLAND ROAD
 Address:
 2611 ALEX TEAL DRIVE

 City-St-Zip:
 COTTONDALE, FL 32431
 City-St-Zip:
 MARIANNA, FL 32446

Title: VP () Delete Title: () Change () Addition

 Name:
 HARDCASTLE, NANCY
 Name:

 Address:
 2389 STANDLAND ROAD
 Address:

 City-St-Zip:
 COTTONDALE, FL 32431
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

Name: TODD, KEENER J Name: TODD, KEENER J Address: 2389 STANDLAND ROAD Address: 19076 OAK HILL DRIVE City-St-Zip: COTTONDALE, FL 32431 City-St-Zip: BLOUNSTOWN, FL 32424

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANCINE TODD PST 01/09/2007