2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# K37228

Entity Name: ADAMS GROUP INSURANCE, INC.

Current Principal Place of Business:

1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 65-0076526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, GARY
1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 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:	DPS	( ) Delete
Name:	ADAMS, GARY	
Address:	1010 COMMERCE BLVD. NORTH SUITE 201	
City-St-Zip:	SARASOTA, FL 34243	
Title:	T	( ) Delete
Name:	ADAMS, DIANE	
Address:	1010 COMMERCE BLVD. NORTH STE. 201	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DVP	( ) Delete
Name:	ADAMS, KEVIN	
Address:	1010 COMMERCE BLVD. NORTH STE. 201	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DVPA	( ) Delete
Name:	INLOW, EVELYN	
Address:	1010 COMMERCE BLVD. NORTH STE. 201	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DVPM	( ) Delete
Name:	SMITH, STEVEN	
Address:	1010 COMMERCE BLVD. NORTH STE. 201	
City-St-Zip:	SARASOTA, FL 34243	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: GARY ADAMS MR. 04/14/2008

Electronic Signature of Signing Officer or Director — Date