2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L01000008176

Entity Name: AMERICAN INSURANCE & FINANCIAL OPTIONS, LLC

Current Principal Place of Business:

23358 WATER CIRCLE
BOCA RATON, FL 33486

New Principal Place of Business:

190 GLADES RD
SUITE A
BOCA RATON, FL 33432 US

Current Mailing Address:

23358 WATER CIRCLE
BOCA RATON, FL 33486

New Mailing Address:

190 GLADES RD
SUITE A
BOCA RATON, FL 33432 US

FEI Number: 65-1116022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, MICHAEL B
7777 GLADES RD, STE 200
BOCA RATON, FL 33434 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SENA, DOLORES A
Address: 23358 WATER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOLORES A SENA MGRM 04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date