2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L73873

Entity Name: HOFMANN ASSEKURANZ, INC.

Current Principal Place of Business:

2198 MAIN STREET
SARASOTA, FL 34237 US

New Principal Place of Business:

5644 ASHTON LAKE DR
SARASOTA, FL 34231 US

Current Mailing Address:

2198 MAIN STREET
SARASOTA, FL 34237 US

New Mailing Address:

5644 ASHTON LAKE DR
SARASOTA, FL 34231 US

FEI Number: 65-0193716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAENSCH, PETER J
2198 MAIN STREET
SARASOTA, FL 34237 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: D ( ) Delete
Name: HOFMANN, DIETER W
Address: 2198 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: VP ( ) Delete
Name: JAENSCH, PETER J
Address: 2198 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: VP (X) Delete
Name: SEIBERT, BRUNO
Address: 2198 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOFMANN, DIETER W
Address: 5644 ASHTON LAKE DR
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Change ( ) Addition
Name: HOFMANN, ANGELA
Address: 544 ASHTON LAKE DR
City-St-Zip: SARASOTA, FL 34231 US

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: DIETER HOFMANN D 03/24/2009
Electronic Signature of Signing Officer or Director Date