

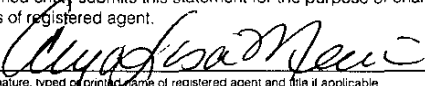
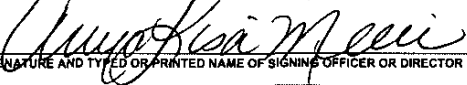


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

OK # 1132

DOCUMENT # L90824 1. Entity Name ALL INSURANCE SOURCE INC.						FILED 08 NOV 10 PM 12:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3855 20TH ST, STE C VERO BEACH, FL 32960			Mailing Address 3855 20TH ST, STE C VERO BEACH, FL 32960						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		11072008 Chg-P CR2E034 (12/06)					
City & State		City & State		4. FEI Number 65-0210977				Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MEIER, ANNA-LISA 2855 OCEAN DR B-6 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name ANNA-LISA MEIER Street Address (P.O. Box Number is Not Acceptable) 6163 KARI DRIVE City MELBOURNE FL Zip Code 32940					
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: 				DATE: 11/7/08					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPERTH, CHARLES S. 2855 OCEAN DR B-6 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700137794607 11/10/08--01066--015 **\$61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEIER, ANNA-LISA 6163 KARI DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEIER, DAVID K 6163 KARL DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 11/12					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 				DATE: 11/7/08 321-480-6425					