

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90824

FILED
Mar 13, 2009
Secretary of State

Entity Name: ALL INSURANCE SOURCE INC.

Current Principal Place of Business:

3855 20TH ST, STE C
VERO BEACH, FL 32960

New Principal Place of Business:

3885 20TH ST, STE C
VERO BEACH, FL 32960

Current Mailing Address:

3855 20TH ST, STE C
VERO BEACH, FL 32960

New Mailing Address:

3885 20TH ST, STE C
VERO BEACH, FL 32960

FEI Number: 65-0210977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIER, ANNA-LISA
6163 RARI DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

MEIER, ANNA-LISA
6163 KARI DRIVE
MELBOURNE, FL 32940 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: ANNA-LISA MEIER

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEIER, ANNA-LISA
Address: 6163 KARI DR
City-St-Zip: MELBOURNE, FL 32940

Title: DVP () Delete
Name: MEIER, DAVID K
Address: 6163 KARL DR
City-St-Zip: MELBOURNE, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: ODOM, MARY W
Address: 4213 CHELAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: ANNA-LISA MEIER

DP

03/13/2009

Electronic Signature of Signing Officer or Director

Date