2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# L91565

Entity Name: AIM INSURANCE GROUP, INC.

Current Principal Place of Business:

3605 ALT 19N STE A
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 860
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-3156235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLIMCZAK, PAUL J
3605 ALT 19N STE A
PALM HARBOR, FL 34683 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: KLIMCZAK, PAUL J
Address: 3605 ALT 19N
City-St-Zip: PALM HARBOR, FL 34683

Title: DST ( ) Delete
Name: VALENZA, SUE ANN
Address: 2722 BLOSSOM LAKE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete
Name: LAUINGER, KAREN
Address: 4400 COUNTRY BREEZE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V (X) Delete
Name: CETON, LYNN
Address: 4475 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

Title: COEV ( ) Delete
Name: CHESSON, PHILLIP
Address: 3605 ALT 19N STE A
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP ( ) Delete
Name: GARRISON, EDWARD
Address: 3605 ALT 19N STE A
City-St-Zip: PALM HARBOR, FL 34683 US

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:

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 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: PHILLIP G CHESSON EVP 04/21/2007

Electronic Signature of Signing Officer or Director Date