

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M85609

**FILED  
Jan 14, 2008  
Secretary of State**

**Entity Name:** ALL CLASS INSURANCE, INC.

**Current Principal Place of Business:**

2441 SOUTH STATE ROAD 7  
FT. LAUDERDALE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2441 SOUTH STATE ROAD 7  
FT. LAUDERDALE, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0056093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEIGER, VICTOR  
2441 SOUTH STATE ROAD 7  
FT. LAUDERDALE, FL 33317      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: C      ( ) Delete  
Name: WEIGER, VICTOR  
Address: 2441 S. STATE RD. 7  
City-St-Zip: FT. LAUDERDALE, FL 33317

Title: VP      ( ) Delete  
Name: DEMERS, DEBORAH  
Address: 2441 S. STATE ROAD 7, #441  
City-St-Zip: FT. LAUDERDALE, FL

Title: P      ( ) Delete  
Name: WEIGER, DAVID A  
Address: 2441 S. STATE RD. 7  
City-St-Zip: FT. LAUDERDALE, FL

**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:

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: DAVID WEIGER

P

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date