2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002355

ORLANDO, FL 32804

City-St-Zip:

Entity Name: ARK INSURANCE GROUP, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 N THACKER AVE SUITE D-45 KISSIMMEE, FL 34741 **New Mailing Address: Current Mailing Address:** P O BOX 540673 ORLANDO, FL 32854 FEI Number: 59-3618898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REVELS, DALE E REVELS, DALE E 1228 SPRING LAKE DRIVE P O BOX 540673 ORLANDO, FL 32854 ORLANDO, FL 32804 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: 04/20/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition REVELS, DALE E Name: Name: 1228 SPRING LAKE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: Title: () Change () Addition () Delete Name: REVELS. IRENE E Name: 1228 SPRING LAKE DRIVE Address: 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: DALE E REVELS **PRES** 04/20/2007