

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 15, 2007
Secretary of State**

DOCUMENT# P00000026404

Entity Name: LAWRENCE INSURANCE & FINANCIAL SERVICES, P.A.

Current Principal Place of Business:

5193 S UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5193 S UNIVERSITY DRIVE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-0988150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, MARCIA
5193 S UNIVERSITY DRIVE
DAVIE, FL 33328 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWRENCE, MARCIA
Address: 1980 S OCEAN DRIVE #3-E
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP (X) Delete
Name: LAWRENCE-PHILLIPS, JESSICA
Address: 7710 NW 79TH AVE A-2
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARCIA LAWRENCE

PD

05/15/2007

Electronic Signature of Signing Officer or Director

_____ Date