2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P00000029837

Entity Name: MVP INSURANCE SERVICES, INC.

Current Principal Place of Business:

10833 LAKE WYNDS CT.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

11049 BRANDYWINE LAKE WAY
BOYNTON BEACH, FL 33473

Current Mailing Address:

10833 LAKE WYNDS CT.
BOYNTON BEACH, FL 33437

New Mailing Address:

11049 BRANDYWINE LAKE WAY
BOYNTON BEACH, FL 33473

FEI Number: 65-0991187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, ANDREW
10833 LAKE WYNDS CT.
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

MOSS, ANDREW
11049 BRANDYWINE LAKE WAY
BOYNTON BEACH, FL 33473 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: ANDREW MOSS 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOSS, ANDREW
Address: 10833 LAKE WYNDS CT.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete
Name: MOSS, ALYSSA
Address: 10833 LAKE WYNDS CT.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOSS, ANDREW
Address: 11049 BRANDYWINE LAKE WAY
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VP (X) Change ( ) Addition
Name: MOSS, ALYSSA
Address: 11049 BRANDYWINE LAKE WAY
City-St-Zip: BOYNTON BEACH, FL 33473

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: ALYSSA MOSS VP 04/15/2009
Electronic Signature of Signing Officer or Director Date