

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022433

Entity Name: A & E INSURANCE GROUP, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1926 TRADE CENTER WAY
SUITE 2
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1926 TRADE CENTER WAY
SUITE 2
NAPLES, FL 34109

New Mailing Address:

FEI Number: 04-3635073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOCIATES
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 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: B. COTTRELL

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ANDREA, HEATHER
Address: 1926 TRADE CENTER WAY SUITE 2
City-St-Zip: NAPLES, FL 34109

Title: DVPS () Delete
Name: EWING, TRACY
Address: 1926 TRADE CENTER WAY SUITE 2
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ANDREA, HEATHER E
Address: 1926 TRADE CENTER WAY SUITE 2
City-St-Zip: NAPLES, FL 34109

Title: DVPS (X) Change () Addition
Name: EWING, TRACY A
Address: 1926 TRADE CENTER WAY SUITE 2
City-St-Zip: NAPLES, FL 34109

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: HEATHER E ANDREA

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date