

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000053159

**FILED**  
**May 13, 2007**  
**Secretary of State****Entity Name:** BUSINESS ASSURANCE AGENCY, INC.**Current Principal Place of Business:**1720 EL JOBEAN RD  
SUITE 202  
PORT CHARLOTTE, FL 33948**New Principal Place of Business:****Current Mailing Address:**PO BOX 380090  
MURDOCK, FL 339380090**New Mailing Address:**1720 EL JOBEAN ROAD  
SUITE 202  
PORT CHARLOTTE, FL 33948**FEI Number:** 37-1429179**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NOLAN, JOHN D  
2788 ROYAL PALM DRIVE  
NORTH PORT, FL 34288 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: VD ( ) Delete  
Name: LAMARCA, MICHAEL A  
Address: 2368 CHILCOTE TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VD (X) Delete  
Name: LAMARCIA, MICHELLE L  
Address: 2358 CHILCOTE TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: PD ( ) Delete  
Name: NOLAN, JOHN D  
Address: 2788 ROYAL PALM DRIVE  
City-St-Zip: NORTH PORT, FL 34288

Title: VT ( ) Delete  
Name: NOLAN, MARY A  
Address: 2788 ROYAL PALM DRIVE  
City-St-Zip: NORTH PORT, FL 34288

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAMARCA, MICHAEL A  
Address: 2368 CHILCOTE TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

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: JOHN D NOLAN

P

05/13/2007

Electronic Signature of Signing Officer or Director

Date