2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001105

Address:

City-St-Zip:

109 JACARANDA CT

ROYAL PALM BEACH, FL 33411 US

Entity Name: MIKE L. DAVIS INSURANCE, INC.

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	M BEACH LAM LM BEACH, F	(ES BLVD., SUITE 115 L 33409			
Current M	lailing Addre	ss:	New Mailing Address	:	
	M BEACH LAM LM BEACH, F	(ES BLVD., SUITE 115 L 33409			
FEI Number	: 51-0446067	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	: Name and Address of	Name and Address of New Registered Agent:	
	CHAEL L RANDA CT ALM BEACH, I	FL 33411 US			
	e named entity e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DAVIS, MICHA 109 JACARAN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (DAVIS, DEBRA) Delete A A VP	Title: Name:	() Change () Addition	

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: MICHAEL L DAVIS PRES 03/21/2007