2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P03000038740

Entity Name: COMCOVER INSURANCE GROUP, INC.

Current Principal Place of Business:

2800 WEST STATE ROAD 84, SUITE 116
DANIA, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2800 WEST STATE ROAD 84, SUITE 116
DANIA, FL 33312 US

New Mailing Address:

FEI Number: 65-1181430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ANTHONY
12560 SW 15TH MANOR
DAVIE, FL 33325 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: VARGAS, RICARDO
Address: 1451 MARTINIQUE COURT # 6307
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: CEO ( ) Delete
Name: JOHNSON, ANTHONY
Address: 12560 SW 15TH MANOR
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete
Name: STRENGER, SCOTT
Address: 351 NW 10TH COURT
City-St-Zip: BOCA RATON, FL 33486

Title: PRES ( ) Delete
Name: MARTIN, IRA
Address: 4175 NW 24TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY JOHNSON CEO 03/18/2009

Electronic Signature of Signing Officer or Director Date