

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000042131

Entity Name: INSURANCE FOR US, INC.

**FILED**  
**May 20, 2009**  
**Secretary of State****Current Principal Place of Business:**13750 SE HIGHWAY 25  
OCKLAWAHA, FL 32183**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 279  
OCKLAWAHA, FL 32183**New Mailing Address:**

FEI Number: 56-2346677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HARTMAN, HARTMAN & O'BRIEN  
537 N UMATILLA BLVD  
UMATILLA, FL 32784 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: PRES ( ) Delete  
Name: PRICE, PHILLIP B  
Address: P. O. BOX 279  
City-St-Zip: OCKLAWAHA, FL 32183Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: SEC ( ) Change (X) Addition  
Name: WHITE, HERBERT W  
Address: P. O. BOX 279  
City-St-Zip: OCKLAWAHA, FL 32183

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: PHILLIP B PRICE

PRES

05/20/2009

Electronic Signature of Signing Officer or Director

Date