2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P03000049092

Entity Name: SENIRAM INSURANCE, INC.

Current Principal Place of Business:

1900 HAVENDALE BLVD.
SUITE C
WINTER HAVEN, FL 33881

New Principal Place of Business:

307 PONTOTOC STREET
AUBURNDALE, FL 33823

Current Mailing Address:

P.O. BOX 1388
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 58-2669780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

READ, JOHNNY M SR.
103 OSCEOLA ST.
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

READ, JOHNNY M SR.
120 SYLVANA COURT
AUBURNDALE, FL 33823 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: JOHNNY M. READ SR. 02/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete
Name: READ, JOHNNY M SR.
Address: 103 OSCEOLA ST.
City-St-Zip: AUBURNDALE, FL 33823

Title: V ( ) Delete
Name: READ, JOHNNY M JR
Address: 718 LAKE ELOISE PLACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete
Name: READ, LINDA F
Address: 103 OSCEOLA ST.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: READ, JOHNNY M SR.
Address: 120 SYLVANA COURT
City-St-Zip: AUBURNDALE, FL 33823

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

Title: T (X) Change ( ) Addition
Name: READ, LINDA F
Address: 120 SYLVANA COURT
City-St-Zip: AUBURNDALE, FL 33823

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: JOHNNY M. READ SR. P/S 02/20/2007
Electronic Signature of Signing Officer or Director Date