2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# P03000129466

Entity Name: PREMIER INSURANCE CONSULTANTS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

570 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7043
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

PO BOX 857217
PORT ST. LUCIE, FL 34985 US

FEI Number: 01-0801862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITALE, PERRY
8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

BARR, DONNA J
2453 SW HAWKS GATE TERRACE
PALM CITY, FL 34990 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: DONNA J. BARR 08/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: PERRY, VITALE
Address: PO BOX 7043
City-St-Zip: PORT ST. LUCIE, FL 34985 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: BARR, DONNA J
Address: 2453 SW HAWKS GATE TERRACE
City-St-Zip: PALM CITY, FL 34990 US

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: DONNA J. BARR P 08/10/2009
Electronic Signature of Signing Officer or Director Date