

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048991

FILED
Apr 27, 2007
Secretary of State

Entity Name: PROVISIONS INSURANCE INC.

Current Principal Place of Business:

6239 EDGEWATER DRIVE
SUITE V2
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6239 EDGEWATER DR
SUITE V2
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-0253560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTD () Delete
Name: CAPECE, JAMES J III
Address: 839 GRAND REGENCY PT #207
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VSD () Delete
Name: THOMPSON, LISA K
Address: 324 LOCH LOMOND AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CAPECE, JAMES J III
Address: 1705 S KIRKMAN RD #114
City-St-Zip: ORLANDO, FL 32811

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: LISA THOMPSON

MRS

04/27/2007

Electronic Signature of Signing Officer or Director

Date