

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049753

FILED
Apr 29, 2008
Secretary of State

Entity Name: CORPORATE INSURANCE ALTERNATIVES, INC.

Current Principal Place of Business:

3606 BELLE VISTA DR. E.
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

3606 BELLE VISTA DR. E.
SUITE 490
ST PETE BEACH, FL 33706

New Mailing Address:

3606 BELLE VISTA DR. E.
ST PETE BEACH, FL 33706

FEI Number: 20-0883624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, W. CRAIG
4830 W. KENNEDY BLVD.
SUITE 750
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HALL, CRAIG
4890 W. KENNEDY BLVD.
SUITE 750
TAMPA, FL FL 33609 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: CRAIG HALL

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P.D () Delete
Name: SHELTON, CAROL
Address: 3606 BELLE VISTA DR. E.
City-St-Zip: ST PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL SHELTON

P.D

04/29/2008

Electronic Signature of Signing Officer or Director

Date