

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000049753

**FILED**  
**Apr 26, 2010**  
**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.  
ST PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 20-0883624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, CRAIG  
4830 W. KENNEDY BLVD.  
SUITE 575  
TAMPA, FL FL 33609 US

**Name and Address of New Registered Agent:**

SHELTON, CAROL  
3606 BELLE VISTA DR, E  
ST PETE BEACH, FL 33706 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:** CAROL SHELTON

04/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL SHELTON

PRES

04/26/2010

Electronic Signature of Signing Officer or Director

Date