2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076267

FILED Feb 11, 2009 Secretary of State

Entity Name: CENTERPOINTE INSURANCE, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
	L RIDGE DRIV PRINGS, FL 33		US					
Current Mailing Address:					New Mailing Address:			
	L RIDGE DRIV PRINGS, FL 33		US					
FEI Number:	20-1113138	FEI Nu	umber Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desir	red ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US					LEOPOLD KORN LEOPOLD & SNYDER, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US			
The above in the State		submits	this statement for the p	purpose o	f changing i	ts registered	office or registered agent	t, or both,
SIGNATURE: NORMAN LEOPOLD, ESQ.					02/11/2009			
	Electron	ic Signa	ature of Registered Ag	ent			Date	
Election Can	npaign Financing	Trust F	und Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () PERRY, CRAIG 825 CORAL RIE CORAL SPRING	GE DRIV			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () MARGOLIS, ST 825 CARAL RID CORAL SPRING	GE DRIV			Title: Name: Address: City-St-Zip:	MARGOLIS, S 825 CORAL R		
Title: Name: Address: City-St-Zip:	VPD (X) SHEIR, DAVID 825 CORAL RIE CORAL SPRING				Title: Name: Address: City-St-Zip:	() Change ()Addition	

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: CRAIG PERRY Ρ 02/11/2009