

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122924

FILED
Apr 20, 2007
Secretary of State

Entity Name: PMB INSURANCE CORPORATION, INC.

Current Principal Place of Business:

489 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

512 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

Current Mailing Address:

489 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

New Mailing Address:

512 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

FEI Number: 20-1526452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BABBITT, PHILLIP MARC
3447 PALM COURT
TEQUESTA, FL 33469 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: O () Delete
Name: BABBITT, PHILLIP MARC
Address: 3447 PALM COAST
City-St-Zip: TEQUESTA, FL 33469

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 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: PHILLIP BABBITT

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date