## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000124971

Entity Name: PEOPLE'S CHOICE INSURANCE, INC.

FILED Jun 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2203-3 DUNN AVE. JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

2203-3 DUNN AVE. PO BOX 77640
JACKSONVILLE, FL 32218 PO BOX 77640
JACKSONVILLE, FL 32226

FEI Number: 01-0820451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MILLETE, CRYSTAL N
2203-3 DUNN AVE
JACKSONVILLE, FL 32218 US
GOODIN, CRYSTAL N
2203-3 DUNN AVE
JACKSONVILLE, FL 32218 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: CRYSTAL N GOODIN 06/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MILLETE, CRYSTAL N Name: GOODIN, CRYSTAL N

Address: 2203-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218 US
City-St-Zip: JACKSONVILLE, FL 32218 US
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HADLEY, JULIA C
 Name:

 Address:
 2203-3 DUNN AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218 US
 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: CRYSTAL N GOODIN P 06/08/2007