

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152599

Entity Name: WE INSURE FL.COM, INC.

FILED
Feb 21, 2009
Secretary of State

Current Principal Place of Business:

3840 BELFORD RD
SUITE 106
JACKSONVILLE, FL 32216

New Principal Place of Business:

10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

Current Mailing Address:

8222 SHADY GROVE CT
JACKSONVILLE, FL 32256

New Mailing Address:

10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

FEI Number: 26-3292579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISALI, HEATHER L
1 INDEPENDENT DR
SUITE 2301
JACKSONVILLE, FL 32202 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: () Delete
Name: DAKUGINOW, DSCHAB
Address: 7229 DEERFOOT POINT CIR #3
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name: SCHOWGUROW, NINA M
Address: 400 E BAY ST STE 107
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition
Name: DAKUGINOW, DSCHAB
Address: 10423 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: (X) Change () Addition
Name: SCHOWGUROW, NINA M
Address: 8222 SHADY GROVE CT
City-St-Zip: JACKSONVILLE, FL 32256

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: DSCHAB DAKUGINOW

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date