

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# P04000152599

Entity Name: WE INSURE FL.COM, INC.

Current Principal Place of Business:

10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10423 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 57836
JACKSONVILLE, FL 32241

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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VISALI, PHILIP C
Address: 8222 SHADY GROVE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
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: PHILIP VISALI

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date