2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 30, 2007
Secretary of State

DOCUMENT# P04000159843

Entity Name: T R W INSURANCE, INC.

Current Principal Place of Business:

5440 N UNIVERSITY DR
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

5440 N UNIVERSITY DR
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 71-0974412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, PATRICIA
6780 NW 45TH ST
LAUDERHILL, FL 33319 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: P ( ) Delete
Name: REED, PATRICIA
Address: 6780 NW 45TH ST
City-St-Zip: LAUDERHILL, FL 33319

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MCLEAN, MARCIA
Address: 6900 NW 45TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: S ( ) Change (X) Addition
Name: WHITE, JEOFFREY
Address: 6780 NW 45TH STREET
City-St-Zip: LAUDERHILL, FL 33319

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: PATRICIA REED P 10/30/2007

Electronic Signature of Signing Officer or Director Date