

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168066

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** PROSPERITY INSURANCE GROUP, INC.

**Current Principal Place of Business:**

10101 OAK BARK LANE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

601 HERITAGE DRIVE  
SUITE 104A  
JUPITER, FL 33458

**Current Mailing Address:**

10101 OAK BARK LANE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

601 HERITAGE DRIVE  
SUITE 104A  
JUPITER, FL 33458

**FEI Number:** 33-1107681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSIE, ANDREA  
10101 OAK BARK LANE  
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete  
Name: MASSIE, ANDREA  
Address: 10101 OAK BARK LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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 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: ANDREA MASSIE

D

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date