

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168834

Entity Name: LIA INSURANCE GROUP, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

10027 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

New Principal Place of Business:

11001 N DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

16509 MILLAN DE AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 01-0825289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, FREDERICK J
MORRISON & MILLS, P.A.
1200 W. PLATT ST., SUITE 100
TAMPA, FL 33606 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: PD () Delete
Name: LIA, MICHAEL
Address: 16509 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: ST () Delete
Name: LIA, ARLENE
Address: 16509 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL LIA

PD

02/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date