## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000172449

FILED Apr 20, 2007 Secretary of State

Entity Nam	e: J.A.T. INSU	JRANCE SERVICES, INC.					
Current Principal Place of Business:			New Pri	New Principal Place of Business:			
6702 NORT TAMPA, FL	H GUNLOCK / 33614	AVENUE					
Current Mailing Address:			New Ma	New Mailing Address:			
P.O. BOX 2 ODESSA, F							
FEI Number: 2	20-2087695	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( )	Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent: Name and Add					New Registered Agen	t:	
SILVERSTEIN, JAY 1252 LORENWOOD DRIVE VALRICO, FL 33594 US				SILVERSTEIN, JAY 1252 LORNEWOOD DRIVE VALRICO, FL 33594 US			
The above r		bmits this statement for the pu	rpose of changing	g its registered o	office or registered age	nt, or both,	
SIGNATURE:				04/20/2007			
		Signature of Registered Agen	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E TORCH, PAUL 1252 LORNEWO VALRICO, FL 33		Title: Name: Address: City-St-Zip	TORCH, PAUL 17809 SIMMS	RD		
Title: Name: Address: City-St-Zip:	D ()E SILVERSTEIN, JA 1252 LORNEWO VALRICO, FL 33	OD DRIVE	Title: Name: Address: City-St-Zip	`	) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY SILVERSTEIN D 04/20/2007