

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051131

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ALL INDUSTRY UNDERWRITERS, INC.

## Current Principal Place of Business:

264 CRYSTAL GROVE BLVD.  
LUTZ, FL 33548

## New Principal Place of Business:

2600 SUMERIAN DR.  
SUITE 101  
LAND O LAKES, FL 34638

## Current Mailing Address:

264 CRYSTAL GROVE BLVD.  
LUTZ, FL 33548

## New Mailing Address:

2600 SUMERIAN DR.  
SUITE 101  
LAND O LAKES, FL 34638

FEI Number: 11-3746992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICCIARDELLO, KEVIN  
264 CRYSTAL GROVE BLVD.  
LUTZ, FL 33548 US

## Name and Address of New Registered Agent:

LICCIARDELLO, KEVIN  
2600 SUMERIAN DR.  
SUITE 101  
LAND O LAKES, FL 34638 US

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: KEVIN LICCIARDELLO

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: LICCIARDELLO, KEVIN  
Address: 264 CRYSTAL GROVE BLVD  
City-St-Zip: LUTZ, FL 33548

Title: COO ( ) Delete  
Name: LICCIARDELLO, ROB  
Address: 264 CRYSTAL GROVE BLVD  
City-St-Zip: LUTZ, FL 33548

Title: O ( ) Delete  
Name: SCHLEMAN, ROY  
Address: 264 CRYSTAL GROVE BLVD.  
City-St-Zip: LUTZ, FL 33548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: LICCIARDELLO, KEVIN  
Address: 2600 SUMERIAN DR.  
City-St-Zip: LAND O LAKES, FL 34638

Title: COO (X) Change ( ) Addition  
Name: LICCIARDELLO, ROB  
Address: 2600 SUMERIAN DR.  
City-St-Zip: LAND O LAKES, FL 34638

Title: O (X) Change ( ) Addition  
Name: SCHLEMAN, ROY  
Address: 2600 SUMERIAN DR.  
City-St-Zip: LAND O LAKES, FL 34638

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: KEVIN LICCIARDELLO

CEO

04/15/2009

Electronic Signature of Signing Officer or Director

Date