2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P05000056701

Entity Name: GAPINSURANCEPLUS, INC.

Current Principal Place of Business:

5643 MIDNIGHT PASS RD
912
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5643 MIDNIGHT PASS RD
912
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 20-2716458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, THEODORE ESQ
2033 MAIN STREET SUITE 100
SARASOTA, FL 34237 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
Name: FEHILY, MICHAEL P
Address: 5643 MIDNIGHT PASS RD., #912
City-St-Zip: SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FEHILY DIR 04/27/2010

Electronic Signature of Signing Officer or Director Date