

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083784

FILED
Jan 16, 2007
Secretary of State

Entity Name: EXPLORER INSURANCE INVESTMENTS, INC.

Current Principal Place of Business:

P.O. BOX 531166
ORLANDO, FL 32853 US

New Principal Place of Business:

1514 E. LIVINGSTON ST
ORLANDO, FL 32803 US

Current Mailing Address:

P.O. BOX 531166
ORLANDO, FL 32853

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOFFOLI, MICHAEL L
P.O. BOX 531166
ORLANDO, FL 32853 US

Name and Address of New Registered Agent:

TOFFOLI, MICHAEL L
1514 E. LIVINGSTON ST
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

01/16/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOFFOLI, MICHAEL L
Address: 102 SPRING LAKE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOFFOLI, MICHAEL L
Address: 1514 E. LIVINGSTON ST
City-St-Zip: ORLANDO, FL 32803 US

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: MICHAEL TOFFOLI

Electronic Signature of Signing Officer or Director

P

01/16/2007

Date