

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000087354

FILED
Aug 01, 2010
Secretary of State

Entity Name: GREGOIRE FAMILY INSURANCE, INC.

Current Principal Place of Business:

14818 TAMIAMI TRAIL
UNIT A-107
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

14818 TAMIAMI TRAIL
UNIT A-107
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 20-2870850 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREGOIRE, SCOTT G
4324 BOEING LANE
NORTH PORT, FL 34287 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: GREGOIRE, KRISTINA N
Address: 4324 BOEING LANE
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP
Name: MILLS, GREGORY
Address: 2050 ROBINSON AVE
City-St-Zip: SARASOTA, FL 34232 US

Title: SEC
Name: GREGOIRE, KRISTINA N
Address: 4324 BOEING LANE
City-St-Zip: NORTH PORT, FL 34287

Title: COO
Name: GREGOIRE, SCOTT G
Address: 4324 BOEING LANE
City-St-Zip: NORTH PORT, FL 34287

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: SCOTT G GREGOIRE

COO

08/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date