2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P05000105025

Entity Name: A-ADVANTAGE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1613 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

1609 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

1951 SW IMPORT DR.
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 05-0630777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

PELLICANO, DAVID J
1609 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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: DAVID J PELLICANO 01/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PELLICANO, DAVID J
Address: 1951 SW IMPORT DR.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP S ( ) Delete
Name: PELLICANO, DAVID J
Address: 1951 SW IMPORT DR.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T ( ) Delete
Name: PELLICANO, DAVID J
Address: 1951 SW IMPORT DR.
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID J PELLICANO PRES 01/15/2009
Electronic Signature of Signing Officer or Director Date