2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000114432

Entity Name: A-AGGRESSIVE INSURANCE AGENCY INC.

Current Principal Place of Business:

4232 NW 12 ST
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491707
FT. LAUDERDALE, FL 33349

New Mailing Address:

4232 NW 12TH STREET
FT. LAUDERDALE, FL 33313

FEI Number: 83-0437237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUMMOND, LINNETTE D
213 LAKE POINT DRIVE #108
FORT LAUDERDALE, FL 33309 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 ( ) Delete
Name: DRUMMOND, LINNETTE D
Address: 213 LAKE POINT DRIVE #108
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINNETTE D DRUMMOND D 04/30/2007
Electronic Signature of Signing Officer or Director Date