

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116151

FILED
Jan 08, 2007
Secretary of State

Entity Name: PEOPLES FIRST INSURANCE SERVICES, INC.

Current Principal Place of Business:

703 EAST PINE STREET
ORLANDO, FL 32801

New Principal Place of Business:

300 S. EOLA DRIVE
ORLANDO, FL 32801

Current Mailing Address:

703 EAST PINE STREET
ORLANDO, FL 32801

New Mailing Address:

300 S. EOLA DRIVE
ORLANDO, FL 32801

FEI Number: 20-3656185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, KRISTIAN B
703 EAST PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CHAPMAN, KRISTIAN B PRES
300 S. EOLA DRIVE
ORLANDO, FL 32801 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: KRISTIAN B. CHAPMAN

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAPMAN, KRISTIAN B PRES
Address: 703 EAST PINE STREET
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHAPMAN, KRISTIAN B PRES
Address: 300 S. EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801 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: KRISTIAN B. CHAPMAN

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date