2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P05000116405

Entity Name: ALL FLORIDA INSURANCE OPTIONS, INC

Current Principal Place of Business:

1680-22 DUNN AVENUE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1680-22 DUNN AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-3263381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETTY, HENRIETTA
44170 WOODLAND CIR
CALLAHAN, FL 32011 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: PRES ( ) Delete
Name: PETTY, HENRIETTA
Address: 44170 WOODLAND CIR
City-St-Zip: CALLAHAN, FL 32011 US

Title: VP ( ) Delete
Name: HAMILTON, BERNARD L
Address: 601 FALLEN TIMBERS DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SEC ( ) Delete
Name: HAMILTON, BERNARD L
Address: 601 FALLEN TIMBERS DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: TREA ( ) Delete
Name: HAMILTON, BERNARD L
Address: 601 FALLEN TIMBERS DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DIR ( ) Delete
Name: PETTY, JOHN P
Address: 44170 WOODLAND CIR
City-St-Zip: CALLAHAN, FL 32011 US

Title: DIR ( ) Delete
Name: LAMB, HEIDI L
Address: 44170 WOODLAND CIR
City-St-Zip: CALLAHAN, FL 32011 US

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:

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 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: HENRIETTA PETTY PRES 04/11/2007

Electronic Signature of Signing Officer or Director — Date