

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146443

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** ACCURATE INSURANCE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1722 SE 45TH STREET  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 101162  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 20-3748720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAVALIERI, DEAN  
1722 SE 45TH STREET  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

CAVALIERI, DEAN J  
1722 SE 45TH STREET  
CAPE CORAL, FL 33904 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: DEAN J CAVALIERI

05/02/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAVALIERI, DEAN J  
Address: 1722 SE 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

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: DEAN J CAVALIERI

PRES

05/02/2010

Electronic Signature of Signing Officer or Director

Date