2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 23, 2008
Secretary of State

DOCUMENT# P05000151696

Entity Name: CARLI INSURANCE AGENCY, INC.

Current Principal Place of Business:

2680 WEST LAKE MARY BOULEVARD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

2680 WEST LAKE MARY BOULEVARD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 83-0440555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLI, D. BRENT
2680 W. LAKE MARY BLVD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CARLI, D. TORY
2680 W. LAKE MARY BLVD
LAKE MARY, FL 32746 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: D. TORY CARLI 05/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CARLI, D. BRENT
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CARLI, D. TORY
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

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: D. TORY CARLI DP 05/23/2008
Electronic Signature of Signing Officer or Director Date