

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152732

FILED
Mar 02, 2007
Secretary of State

Entity Name: AXIOM INSURANCE SERVICES, INC.

Current Principal Place of Business:

3370 NE 190TH STREET
SUITE 1110
AVENTURA, FL 33180

New Principal Place of Business:

3079 NE 210TH STREET
AVENTURA, FL 33180

Current Mailing Address:

3370 NE 190TH STREET
SUITE 1110
AVENTURA, FL 33180

New Mailing Address:

3079 NE 210TH STREET
AVENTURA, FL 33180

FEI Number: 20-3805425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, GRANVILLE
3370 NE 190TH STREET
SUITE 1110
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LECOMPTE, GRANVILLE
3079 NE 210TH STREET
AVENTURA, FL 33180 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:

03/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LECOMPTE, GRANVILLE
Address: 3370 NE 190TH STREET, SUITE 1110
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LECOMPTE, GRANVILLE
Address: 3079 NE 210TH STREET
City-St-Zip: AVENTURA, FL 33180

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: GRANVILLE A LECOMPTE

DIR

03/02/2007

Electronic Signature of Signing Officer or Director

Date