

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009124

Entity Name: INSURANCE 4 YOU, INC.

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

1402 NORTH STATE ROAD SEVEN
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1402 NORTH STATE ROAD SEVEN
MARGATE, FL 33063

New Mailing Address:

FEI Number: 14-1949429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARSALLONE, ROBERTA
1402 NORTH STATE ROAD SEVEN
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

WEISSMAN, ROBERTA GAIL
1402 NORTH STATE ROAD SEVEN
MARGATE, FL 33063 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: ROBERTA GAIL WEISSMAN

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARSALLONE, ROBERTA
Address: 1402 NORTH STATE ROAD SEVEN
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEISSMAN, ROBERTA GAIL
Address: 1402 NORTH STATE ROAD SEVEN
City-St-Zip: MARGATE, FL 33063

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: ROBERTA GAIL WEISSMAN

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date