2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019668

Entity Name: DMR INSURANCE INC.

FILED Feb 15, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
6400 46TH AVENUE NORTH #305 KENNETH HCITY, FL 33709			6400 46TH AVENUE NORTH #305 KENNETH CITY, FL 33709	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
6400 46TH AVENUE NORTH #305 KENNETH HCITY, FL 33709		6400 46TH AVENUE NORTH #305 KENNETH CITY, FL 33709		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOO				
	e named entity submits this statement for the pe of Florida.	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () Delete LEAL, DANICE K 6400 46TH AVENUE NORTH #305 KENNETH HCITY, FL 33709	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DANICE K.LEAL MS. 02/15/2007