2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000031636

Entity Name: MALOLLI INSURANCE GROUP, INC.

Current Principal Place of Business:

1855 VETERANS PARK DR
SUITE 301
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1855 VETERANS PARK DR
SUITE 301
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-4504638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALOLLI, BELINDA A
3996 STONESTHROW CT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MALOLLI, BELINDA A
1855 VETERANS PARK DRIVE
SUITE 301
NAPLES, FL 34109 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: BELINDA MALOLLI 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MALOLLI, BELINDA A
Address: 3996 STONESTHROW CT
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: MALOLLI, GEZIM
Address: 3996 STONESTHROW CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MALOLLI, BELINDA A
Address: 1855 VETERANS PARK DRIVE SUITE 301
City-St-Zip: NAPLES, FL 34109

Title: T (X) Change ( ) Addition
Name: MALOLLI, GEZIM
Address: 1855 VETERANS PARK DRIVE SUITE 301
City-St-Zip: NAPLES, FL 34109

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: BELINDA MALOLLI D 04/30/2008
Electronic Signature of Signing Officer or Director Date