

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045968

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: ASSURANCE FINANCIAL SOLUTIONS OF FLORIDA INC

## Current Principal Place of Business:

10033-B NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

10033-B NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 20-4545829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, KATHY L  
205 W MLKING BLVD  
204  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

JONES, KATHLEEN A  
10033-B NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618 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: KATHLEEN A JONES

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: JONES, KATHY L  
Address: 10033-B NORTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: JONES, KATHLEEN A  
Address: 10033-B NORTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

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: KATHLEEN A JONES

DIR

04/20/2007

Electronic Signature of Signing Officer or Director

Date