

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049438

Entity Name: NUSURANCE CORP

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

9280 BAY PLAZA BLVD.
706
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9280 BAY PLAZA BLVD.
706
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-4642323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KAZOR, CHRISTOPHER P KAZOR
9280 BAY PLAZA BLVD
SUITE 706
TAMPA, FL 33619 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: CHRISTOPHER P.KAZOR

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: KAZOR, CHRISTOPHER P
Address: 9280 BAY PLAZA BLVD. STE 706
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: BRUNOFORTE, LOUIS
Address: 10506 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: AMERICAN MARKETING M, ANAGMENT MOTIV A TION SE
Address: 9280 BAY PLAZA BLVD.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: WILLIAM, WELDON G
Address: 2733 NEWMARKET CIR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MIKE, PATRINO
Address: 7607 SOUTHERN BROOK BEND STE 103
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: KAZOR, CHRISTOPHER P PRES
Address: 9280 BAY PLAZA BLVD. STE 706
City-St-Zip: TAMPA, FL 33619

Title: VP (X) Change () Addition
Name: KAZOR, CHRISTINE S VP
Address: 12824 TALLOWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER P.KAZOR

DPST

04/28/2008

Electronic Signature of Signing Officer or Director

Date