

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049438

Entity Name: NUSURANCE CORP

FILED  
Apr 13, 2009  
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:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete  
Name: AMERICAN MARKETING MANAGMENT MOTIVATION 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: CHARLES ROBSON  
Address: 8728 61ST CT E  
City-St-Zip: PARRISH, FL 34219

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: CHRISTPHER P KAZOR

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date