2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062962

Entity Name: D M WHITE INSURANCE AGENCY, INC.

FILED Jun 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5980 PARK RIDGE DR. 2820 HOWLAND BLVD., UNIT 4 PORT ORANGE, FL 32127 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

5980 PARK RIDGE DR. 2820 HOWLAND BLVD., UNIT 4 PORT ORANGE, FL 32127 DELTONA, FL 32725

FEI Number: 20-4803439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, DENISE M
5980 PARK RIDGE DR.
PORT ORANGE, FL 32127 US
WHITE, DENISE M
2820 HOWLAND BLVD., UNIT 4
DELTONA, FL 32725 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: 06/13/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 WHITE, DENISE M
 Name:
 WHITE, DENISE M

 Address:
 5980 PARK RIDGE DR.
 Address:
 2820 HOWLAND BLVD., UNIT 4

City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: DELTONA, FL 32725

Title: VP () Delete Title: VP (X) Change () Addition Name: WHITE, MICHAEL A Name: WHITE, MICHAEL A

Address: 5980 PARK RIDGE DR. Address: 2820 HOWLAND BLVD., UNIT 4
City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: DELTONA, FL 32725

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: DENISE M WHITE P 06/13/2007