2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083549

Entity Name: D & H INSURANCE SERVICES, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1206 W. BROAD STREET GROVELAND, FL 34736 US

Current Mailing Address: New Mailing Address:

1206 W. BROAD STREET GROVELAND, FL 34736 US

FEI Number: 20-5081675 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:

DAVILA, LAVERNE D

15947 SAUSALITO CIRCLE

CLERMONT, FL 34711 US

DAVILA, HECTOR

1206 W. BROAD STREET

GROVELAND, FL 34736 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: HECTOR DAVILA 04/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: REYES, REINALDO Name: DAVILA, HECTOR

 Name:
 REYES, REINALDO
 Name:
 DAVILA, HECTOR

 Address:
 15931 WILKINSON STREET
 Address:
 1206 W. BROAD STREET

 City-St-Zip:
 CLERMONT, FL 34714 US
 City-St-Zip:
 GROVELAND, FL 34736 US

Title: VP () Delete Title: VP (X) Change () Addition Name: DAVILA, LAVERNE D Name: DAVILA, LAVERNE D

Name: DAVILA, LAVERNE D

Address: 15947 SAUSALITO CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Name: DAVILA, LAVERNE D

Address: 1206 W. BROAD STREET

City-St-Zip: GROVELAND, FL 34736 US

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

 Name:
 HECTOR, DAVÍLA
 Name:

 Address:
 15947 SAUSALITO CIRCLE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 City-St-Zip:

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: HECTOR DAVILA P 04/05/2007