2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2007
Secretary of State

DOCUMENT# P06000140892

Entity Name: ALL NATIONS INSURANCE GROUP INC

Current Principal Place of Business:

5240 BANK STREET
UNIT 15
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5240 BANK STREET
UNIT 15
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 83-0467782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPLANTE, BEAUCLAIR
5218 28TH STREET SW
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

LAPLANTE, BEAUCLAIR
4014 WINKLER AVE EXTENTION
SUITE 103
FORT MYERS, FL 33916 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: 09/02/2007
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:

Title: P ( ) Delete
Name: LAPLANTE, BEAUCLAIR
Address: 5218 28TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V ( ) Delete
Name: JEAN, MARIE P
Address: 5218 28TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAPLANTE, BEAUCLAIR
Address: 4014 WINKLER AVE EXTENTION #103
City-St-Zip: FORT MYERS, FL 33916

Title: V (X) Change ( ) Addition
Name: JEAN, MARIE P
Address: 4014 WINKLER AVE EXTENTION #103
City-St-Zip: FORT MYERS, FL 33916

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: BEAUCLAIR LAPLANTE P 09/02/2007
Electronic Signature of Signing Officer or Director Date