

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154276

FILED
Feb 06, 2007
Secretary of State

Entity Name: BUILDER INSURANCE PROGRAMS, INC.

Current Principal Place of Business:

11605 PALMETTO WAY
HOLLYWOOD, FL 33026

New Principal Place of Business:

Current Mailing Address:

11605 PALMETTO WAY
HOLLYWOOD, FL 33026

New Mailing Address:

FEI Number: 20-8062234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIGRELLI, JOHN
11605 PALMETTO WAY
HOLLYWOOD, FL 33026 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: PD () Delete
Name: NIGRELLI, JOHN
Address: 11605 PALMETTO WAY
City-St-Zip: HOLLYWOOD, FL 33026

Title: SD () Delete
Name: SACK, JAMES M.
Address: 8270 GREENSBORO DR., STE. 810
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN NIGRELLI

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

Date