

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154276

FILED  
Jan 09, 2010  
Secretary of State

Entity Name: BUILDER INSURANCE PROGRAMS, INC.

**Current Principal Place of Business:**

11806 PALMETTO WAY  
HOLLYWOOD, FL 33026

**New Principal Place of Business:**

11605 PALMETTO WAY  
HOLLYWOOD, FL 33026

**Current Mailing Address:**

11806 PALMETTO WAY  
HOLLYWOOD, FL 33026

**New Mailing Address:**

11605 PALMETTO WAY  
HOLLYWOOD, FL 33026

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN S. NIGRELLI

PRES

01/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date