## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

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DOCUMENT # P06227  1. Entity Name MERCHANTS BONDING COMPANY (MUTUAL)						01-29-2008	90007 019	9 ***150	).00
Principal Place	e of Business	Mailing Address							
2100 FLEUR DRIVE 2100 FLEUR DRIVE					•				
			US	-					
DES MONTES,	55521 55	DEG MONTES, M. GODE I	00						
					<b>             </b>	<b>. 66:18 6</b> 111 <b>8 1118 1181</b> 1 <b>28</b> 8			<b>18</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					1111, 1101, <b>111</b> 1, 1	(18), E(6), B(5)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Numb	er		Api	plied For
					42-041	0010		No	Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and	Address of New R			
			Name						
MILLS JR, E.A. SETH ESQ.									
	IPA STREET, #2010		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FI	L 33602				<del> </del>	<del></del>			
			City				FL	Zip Code	•
8 The above	named entity submits this statement for	or the nurnose of changing its re	egistered office of	renister	ed agent or bo	th in the State of Flo		niliar with	and accept
	ions of registered agent.	ine purpose or changing its in	agiatered Onico di	register	co agom, or oc	out, at the state of the	rica. Tallita	, , , , , , , , , , , , , , , , , , ,	and doodp.
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signatu	ire required	when reinstating)		DATE		
	Signature of printed many or registry of Signature		- og cir oo i gaar og ar						
		1							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 575-243-8171