2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002137

Entity Name: GUARANTEE INSURANCE COMPANY

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
STE 1540	OLAS BLVD RDALE, FL 33	3301			
Current Mailing Address:			New Maili	New Mailing Address:	
401 E LAS OLAS BLVD STE 1540 FT LAUDERDALE, FL 33301					
FEI Number: 22-222789 FEI Number Applied For () FEI Number No			ımber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICES OF THE STATE OF FL 200 E GAINES ST TALLAHASSEE, FL 32399 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARIANO, STE 5212 FISHER IS MIAMI, FL 331	SLAND DR	Title: Name: Address: City-St-Zip:	CPD (X) Change () Addition MARIANO, STEVEN M 5212 FISHER ISLAND DR MIAMI, FL 33109	
Title: Name: Address: City-St-Zip:	SD () BRYANT, THEO 2273 CORDOB WESTON, FL 3	A BEND	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MASOTTI, MICH 3110 NE 57TH		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SLUKA, MICHAEL J 741 NE 4TH AVE FORT LAUDERDALE, FL 33304	
Title: Name: Address: City-St-Zip:	D () TOMPKINS, TIN 11596 BLUFF F	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEL PIZZO, JO 832 PADDOCK		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVIS, KIMBER 401 E. LAS OLA	Delete RLY AS BLVD, STE. 1540 DALE, FL 33301	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRANDSTAFF, MICHAEL 707 COCONUT PALM TERRACE PLANTATION, FL 33324	

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: KIMBERLY DAVIS AS 01/05/2009