# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# P07000004312

**Entity Name:** ASSURED INSURANCE AGENCY, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 4205 WEST ATLANTIC AVE<br>SUITE 103A<br>DELRAY BEACH, FL  33445 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 4205 WEST ATLANTIC AVE<br>SUITE 103A<br>DELRAY BEACH, FL  33445 | |

FEI Number: 51-0615645          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| SAM, WARREN<br>738 NW 123 DRIVE<br>CORAL SPRINGS, FL  33071     US | SAM, WARREN<br>4205 WEST ATLANTIC AVE<br>SUITE 103A<br>DELRAY BEACH, FL  33445  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:  WARREN SAM                                                      01/04/2008
_____      _____
             Electronic Signature of Registered Agent                              Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | | | | |
|---|---|---|---|---|
| Title: | P          ( ) Delete | | Title: | ( ) Change  ( ) Addition |
| Name: | SAM, WARREN | | Name: | |
| Address: | 4205 W ATLANTIC AVE., SUITE 103A | | Address: | |
| City-St-Zip: | DELRAY BEACH, FL  33445 | | City-St-Zip: | |
| | | | | |
| Title: | SEC         ( ) Delete | | Title: | ( ) Change  ( ) Addition |
| Name: | SAM, SANDRA | | Name: | |
| Address: | 4205 W ATLANTIC AVE., SUITE 103A | | Address: | |
| City-St-Zip: | DELRAY BEACH, FL  33445 | | City-St-Zip: | |

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:  WARREN SAM                                  P                      01/04/2008
_____      _____
             Electronic Signature of Signing Officer or Director                    Date