2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004312

Entity Name: ASSURED INSURANCE AGENCY, INC.

4205 W ATLANTIC AVE., SUITE 103A

DELRAY BEACH, FL 33445

Address:

City-St-Zip:

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4205 WEST ATLANTIC AVE SUITE 103A DELRAY BEACH, FL 33445 **New Mailing Address: Current Mailing Address:** 4205 WEST ATLANTIC AVE SUITE 103A 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 4205 WEST ATLANTIC AVE SUITE 103A 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SAM, WARREN Name: Name: 4205 W ATLANTIC AVE., SUITE 103A Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: () Delete Title: SEC Title: () Change () Addition SAM, SANDRA Name: Name:

Address:

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 01/17/2009