

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025193

Entity Name: PYRAMID INSURANCE, INC.

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

2863 NORTHLAKE BLVD
LAKE PARK, FL 33403

New Principal Place of Business:

700 OLD DIXIE HWY, #206
LAKE PARK, FL 33403

Current Mailing Address:

P.O. BOX 11623
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 33-1154908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, KIMBERLY M
1360 W. 31ST STREET
RIVIERA BEACH, FL 33404 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, KIMBERLY M
Address: 1360 W. 31ST STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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: KIMBERLY ADAMS

PRES

05/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date