2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P07000049717

Entity Name: HOMEOWNERS PROTECTION INSURANCE AGENCY, INC.

Current Principal Place of Business:

2958 WELLINGTON CIRCLE N
SUITE 100
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2958 WELLINGTON CIRCLE N
SUITE 100
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 45-0559698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BOULEVARD
SUITE 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

AYOTTE, JAMES R MR
2958 WELLINGTON CIRCLE
SUITE 100
TALLAHASSEE, FL 32309 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: JAMES R. AYOTTE 01/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AYOTTE, JAMES R
Address: 2958 WELLINGTON CIRCLE N SUITE 100
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES R. AYOTTE D 01/21/2008
Electronic Signature of Signing Officer or Director Date