2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090801

Entity Name: M&J INSURANCES PLUS INC.

FILED May 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3278 CANOE CREEK RD, SUITE 1 3278 CANOE CREEK RD ST. CLOUD, FL 34772 SUITE 1

ST. CLOUD, FL 34772

Current Mailing Address: New Mailing Address:

3278 CANOE CREEK RD, SUITE 1 3278 CANOE CREEK RD ST. CLOUD, FL 34772 SUITE 1 ST. CLOUD, FL 34772

FEI Number: 26-1085627 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:

VARGAS, MILAGROS
4113 NEPTUNE RD.
ST. CLOUD, FL 34769 US
SUITE1
ST. CLOUD, FL 34772 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: MILAGROS VARGAS 05/02/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 VARGAS, MILAGROS
 Name:

 Address:
 3278 CANOE CREEK RD, SUITE 1
 Address:

 City-St-Zip:
 ST. CLOUD, FL 34772
 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: MILAGROS VARGAS PD 05/02/2008