2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091802

Entity Name: SOUTH FLOW INSURANCE, INC

6010 SCOTCHWOOD GLN APT 109

ORLANDO, FL 32822

Address: City-St-Zip: FILED Sep 19, 2008 Secretary of State

Littly Nai	ille. 3001	HITLOW INSUR	ANCE, INC						
Current Principal Place of Business:					New Principal Place of Business:				
SUITE 107	RY FORD I 7 D, FL 32800				13584 TUR APT 133 ORLANDO		RSH LOOP 37		
Current Mailing Address:					New Mailing Address:				
2300 CURRY FORD ROAD SUITE 107 ORLANDO, FL 32806					13584 TURTLE MARSH LOOP APT 133 ORLANDO, FL 32837				
FEI Number:	: 26-0723747	FEI Number	Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate	of Status De	sired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
APT 133 ORLANDO The above	e of Florida.	7 US ity submits this s	tatement for the p	urpose o	f changing i	ts registe	red office or re	gistered age	ent, or both,
	Elec	tronic Signature	of Registered Age	nt			D	ate	
		7.193(2)(b), F.S., the cing Trust Fund Co	e corporation did not ontribution ().	t receive t	he prior notic	e.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		() Delete EZ, MARIE P TLE MARSH LOOP FL 32837	APT 133		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	D RODRIGEZ 13584 TUR ORLANDO,	TLE MARSH LOOP			Title: Name: Address: City-St-Zip:	13584 TU	(X) Change(EZ, JOSE R JRTLE MARSH LO O, FL 32837	,	
Title: Name:	D PRINGLE, I	(X) Delete ROBERT			Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARIE PILAR RODRIGUEZ P 09/19/2008