

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098706

FILED
Jun 16, 2009
Secretary of State

Entity Name: ASSURANCE INVESTMENT PARTNERS, INC.

Current Principal Place of Business:

C/O RANDOLPH J. WOLFE, ESQ
100 N TAMPA STREET STE 2700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O RANDOLPH J. WOLFE, ESQ
100 N TAMPA STREET STE 2700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-0841800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L, CORP.
ONE INDEPENDENT DRIVE STE 1300
JACKSONVILLE, FL 32202 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: DIR () Delete
Name: KOKO, JOHN R MR.
Address: 1268 GREYBROOKE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DIR () Delete
Name: RASHID, CHRISTINA M MS.
Address: 1301 N. DEARBORN PKWY., NO. 501
City-St-Zip: CHICAGO, IL 60610 US

Title: DIR () Delete
Name: NEEDHAM, DANIEL R MR.
Address: 1075 PELHAM
City-St-Zip: WINNETKA, IL 60093 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON HUGHES

MR.

06/16/2009

Electronic Signature of Signing Officer or Director

Date