2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108142

Address:

Entity Name: DIRECT LINE OF ILLINOIS, INC.

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 818 A1A NORTH SUITE 300 PONTE VEDRA BEACH, FL 32082 **New Mailing Address: Current Mailing Address:** 818 A1A NORTH SUITE 300 PONTE VEDRA BEACH, FL 32082 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAX CO HORNE, KAROL D MGR 50 NORTH LAURA STREET 818 A1A NORTH **SUITE 3300** 300 JACKSONVILLE, FL 32202 US PONTE VEDRA BEACH, FL 32082 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: KAROL D HORNE 04/03/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition HORNE, DONIS P PD Name: Name:

Address:

818 A1A NORTH SUITE 300

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: VD () Change (X) Addition Name: Name: HORNE, ELLIOTT S VD 818 A1A NORTH SUITE 300 Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: BROWNFIELD, THOMAS R ST Name: 818 A1A NORTH SUITE 300 Address Address: City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DONIS P HORNE PD 04/03/2008