

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109699

FILED
Apr 18, 2008
Secretary of State

Entity Name: ARCH CREEK INSURANCE GROUP, INC.

Current Principal Place of Business:

2510 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2636 NE 27TH CT
FORT LAUDERDALE, FL 33306

Current Mailing Address:

2510 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

New Mailing Address:

PO BOX 11370
FORT LAUDERDALE, FL 33339

FEI Number: 26-1203563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARGAN, SAUL
2510 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

TARGAN, SAUL
11800 NE 7TH AVE
BISCAYNE PARK, FL 33161 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:

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: TARGAN, SAUL
Address: 2510 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP/D () Delete
Name: BROWN, THOMAS
Address: 2510 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: S/T () Delete
Name: BROWN, CHERYL
Address: 2510 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: TARGAN, SAUL E
Address: 11800 NE 7TH AVE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: VP/D (X) Change () Addition
Name: BROWN, THOMAS R
Address: 2636 NE 27TH CT
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: S/T (X) Change () Addition
Name: BROWN, CHERYL B
Address: 2636 NE 27TH CT
City-St-Zip: FORT LAUDERDALE, FL 33306

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: THOMAS R BROWN

VP/D

04/18/2008

Electronic Signature of Signing Officer or Director

Date