

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126700

FILED
Feb 25, 2008
Secretary of State

Entity Name: HOSPITALITY INSURANCE PROGRAMS, INC.

Current Principal Place of Business:

1661 SANDSPUR ROAD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1661 SANDSPUR ROAD
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-1476955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BURKEY, JULIE M MS
1661 SANDSPUR ROAD
MAITLAND, FL 32751 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: JULIE M BURKEY

02/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: BURKEY, STEFAN D
Address: 1661 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: DVP () Delete
Name: BURKEY, GARY
Address: 1661 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: KLEIN, SCOTT
Address: ONE GARRET MTN PLAZA, SUITE 901
City-St-Zip: WEST PATERSON, NJ 07427

Title: VP () Delete
Name: KLEIN, JONATHAN
Address: ONE GARRET MTN PLAZA, SUITE 901
City-St-Zip: WEST PATERSON, NJ 07424

Title: VPST () Delete
Name: BURKEY, JULIE
Address: 1661 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: LEO, PATRICK
Address: 1661 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

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:

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: JULIE M BURKEY

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date