2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025306

Entity Name: ACCURATE INSURANCE MART, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2211 ASHLEY OAKS CIRCLE 15619 PREMIERE DRIVE 103 WESLEY CHAPEL, FL 33543 TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** 38232 FIFTH AVE ZEPHYRHILLS, FL 33542 US FEI Number: 26-2148942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDRON, CORY H 38232 FIFTH AVE ZEPHYRHILLS, FL 33542 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

Title: () Delete Title: (X) Change () Addition WALDRON, CORY H WALDRON, CORY H Name: Name: 38232 FIFTH AVE 15619 PREMIERE DRIVE SUITE 103 Address: Address: City-St-Zip: TAMPA, FL 33624 US

ZEPHYRHILLS, FL 33542 US City-St-Zip:

Title: VΡ () Delete Title: Name: EVERTON, PAULA M Name: 38232 FIFTH AVE Address: Address: ZEPHYRHILLS, FL 33542 City-St-Zip: City-St-Zip:

Electronic Signature of Registered Agent

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.

Ρ SIGNATURE: CORY WALDRON 04/27/2009