

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053572

FILED
Apr 09, 2009
Secretary of State

Entity Name: ACCESS FLORIDA INSURANCE COMPANY

Current Principal Place of Business:

C/O ACCESS RE INTERNATIONAL CENTER #500
26 BERMUDIANA ROAD
HAMILTON BDA HM 11,

Current Mailing Address:

C/O ACCESS RE INTERNATIONAL CENTER #500
26 BERMUDIANA ROAD
HAMILTON BDA HM 11,

New Principal Place of Business:

C/O ACCESS RE INTERNATIONAL CENTER #500
26 BERMUDIANA ROAD
HAMILTON HM 11, NA BERMUDA

New Mailing Address:

C/O ACCESS RE INTERNATIONAL CENTER #500
26 BERMUDIANA ROAD
HAMILTON, HM 11, NA BERMUDA

FEI Number: 26-2918122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONNELL, ENDA
Address: C/O ACCESS RE INTERNATIONAL CENTER #500
City-St-Zip: HAMILTON BDA HM 11,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCDONNELL, ENDA
Address: C/O ACCESS RE INTERNATIONAL CENTER #500
City-St-Zip: HAMILTON, HM 11, NA BERMUDA

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: ENDA MCDONNELL

MR.

04/09/2009

Electronic Signature of Signing Officer or Director

Date