2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064615

Entity Name: ACCESS FLORIDA HOLDING INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O ACCESS RE INTERNATIONAL CENTER STE 500 26 BERMUDIANA ROAD HAMILTON BDA HM 11, OC				C/O ACCESS RE INTERNATIONAL CENTER STE 500 26 BERMUDIANA ROAD HAMILTON HM 11, NA BERMUDA OC			
Current Mailing Address:				New Mailing Address:			
C/O ACCESS RE INTERNATIONAL CENTI 26 BERMUDIANA ROAD HAMILTON BDA HM 11, OC			C/O ACCESS RE INTERN 26 BERMUDIANA ROAD HAMILTON HM 11, NA BE			D	
FEI Number:	26-2956272 FE	Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate o	f Status Desired (X)
Name and	Address of Curre	nt Registered Agent:		Name and	Address of	New Registe	ered Agent:
11380 PRO PALM BEA	ATE CREATIONS N DSPERITY FARMS ACH GARDENS, FL named entity subm	ROAD #221E	irnose o	ıf changing i	ts reaistered	office or regis	stered agent or both
	of Florida.	into timo otationi energi uno pe		r changing i	io regiotorea	omee or regic	nored agent, or bean,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financing Trus	st Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	COCD () Delet MCDONNELL, ENDA C/O ACCESS RE INT HAMILTON BDA HM	ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	MCDONNELL C/O ACCESS		ONAL CENTER STE 500
Title: Name: Address: City-St-Zip:	COCD () Delet KING, JOSEPH N C/O ACCESS RE INT HAMILTON BDA HM	ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	KING, JOSEF C/O ACCESS		ONAL CENTER STE 500
Title: Name: Address: City-St-Zip:	D () Delet HAUSERMAN, WILLI C/O ACCESS RE INT HAMILTON BDA HM	AM G ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	HAUSERMAN C/O ACCESS		ONAL CENTER STE 500
Title: Name: Address: City-St-Zip:	D () Delet KEYSER, MARK C/O ACCESS RE INT HAMILTON BDA HM	ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	KEYSER, MA C/O ACCESS		ONAL CENTER STE 500
Title: Name: Address: City-St-Zip:	D () Delet NEWMAN, JAMES W C/O ACCESS RE INT HAMILTON BDA HM	ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	NEWMAN, JA		ONAL CENTER STE 500
Title: Name: Address: City-St-Zip:	PD () Delet CHAPLIN, JOHN C/O ACCESS RE INT HAMILTON BDA HM	ERNATIONAL CENTER STE 500		Title: Name: Address: City-St-Zip:	CHAPLIN, JO C/O ACCESS		ONAL CENTER STE 500

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