2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000076707

Entity Name: FIFTY PLUS INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

4520 SW 3RD AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

8695 COLLEGE PARKWAY
2010
FORT MYERS, FL 33919

Current Mailing Address:

4520 SW 3RD AVE
CAPE CORAL, FL 33914

New Mailing Address:

8695 COLLEGE PARKWAY
2010
FORT MYERS, FL 33919

FEI Number: 26-3232251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

DEARBORN, JOANNE
8695 COLLEGE PARKWAY
2010
FORT MYERS, FL 33919 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: JOANNE DEARBORN 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMES, SHERRY N
Address: 725 PHELPS STREET EAST
City-St-Zip: LEHIGH ACRES, FL 33974

Title: PVST ( ) Delete
Name: SIMES, SHERRY N
Address: 725 PHELPS STREET EAST
City-St-Zip: LEHIGH ACRES, FL 33974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEARBORN, JOANNE
Address: 14670 BLACKBIRD LANE
City-St-Zip: FORT MYERS, FL 33919

Title: VPST (X) Change ( ) Addition
Name: WHITLOCK, ROBERT H
Address: 14241 BAY DRIVE
City-St-Zip: FORT MYERS, FL 33919

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: JOANNE DEARBORN PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date