

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100271

FILED
Apr 08, 2009
Secretary of State

Entity Name: AUTOLIFE INSURANCE GROUP, INC.

Current Principal Place of Business:

8341 FARINGTON COURT
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

3825 SR64E
SUITE 100
BRADENTON, FL 34208

Current Mailing Address:

8341 FARINGTON COURT
LAKEWOOD RANCH, FL 34202

New Mailing Address:

3825 SR64E
SUITE 100
BRADENTON, FL 34208

FEI Number: 26-3713372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

FELDHACKER, EVELLA A
3825 SR64E
SUITE 100
BRADENTON, FL 34208 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: EVELLA A. FELDHACKER

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Change (X) Addition
Name: EVELLA, FELDHACKER
Address: 8341 FARINGTON CT
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: EVELLA A. FELDHACKER

MRS

04/08/2009

Electronic Signature of Signing Officer or Director

Date