

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033746

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN EAGLE INSURANCE AGENCY, INC

**Current Principal Place of Business:**

1802 NORTH ALAFAYA TRAIL, STE 120  
ORLANDO, FL 32826

**New Principal Place of Business:**

1817 CRESCENT BLVD  
SUITE 103  
ORLANDO, FL 32817

**Current Mailing Address:**

1802 NORTH ALAFAYA TRAIL, STE 120  
ORLANDO, FL 32826

**New Mailing Address:**

1817 CRESCENT BLVD  
SUITE 103  
ORLANDO, FL 32817

**FEI Number:** 26-4677237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAM, ARJUNE P  
10224 DYLAN STREET  
APT. #124  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

RAM, ARJUNE P  
16680 CONER COVE WAY  
ORLANDO, FL 32820 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:** ARJUNE RAM

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RAM, ARJUNE P  
**Address:** 16680 CORNER COVE WAY  
**City-St-Zip:** ORLANDO, FL 32820

**Title:** VP  
**Name:** MARTINEZ, RAFAEL  
**Address:** 15740 BAY LAKES TRAIL  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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 all other like empowered.

**SIGNATURE:** ARJUNE P. RAM

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date