

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036997

FILED  
Mar 22, 2010  
Secretary of State

Entity Name: ALL FLORIDA FLOOD INSURANCE, INC

## Current Principal Place of Business:

621 NW 53RD STREET  
SUITE 240  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

## Current Mailing Address:

621 NW 53RD STREET  
SUITE 240  
BOCA RATON, FL 33487 US

## New Mailing Address:

3250 N. 29TH AVE  
HOLLYWOOD, FL 33020 US

FEI Number: 26-4728185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHESLER, ALAN  
621 NW 53RD STREET  
BOCA RATON, FL 33487 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: P  
Name: CONDOMINIUM U/W, INC.  
Address: 621 NW 53RD STREET, SUITE 240  
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP  
Name: TRI-INSURANCE U/W, INC.  
Address: 3250 N. 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: WYMAN INSURANCE, INC  
Address: 3250 N. 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP  
Name: EAST INSURANCE, INC.  
Address: 3250 N. 26TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

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: TRI INSURANCE U/W, INC.

VP

03/22/2010

Electronic Signature of Signing Officer or Director

Date