2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90121 005 ***150.00

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1. Entity Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.

40081572

Principal Place of Business	Mailing Address
901 NW 51ST ST. BOCA RATON, FL 33431	P.O. BOX 310704 BOCA RATON, FL 33431 US

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3170795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEBEL, JON L 901 NW 51ST STREET BOCA RATON, FL 33431-0704	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEBEL, JON L 901 NW 51ST STREET BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO Shebel, Jon L 901 NW 51st Street Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WEST, ROBERT W 516 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pacheco, Elissa M 901 NW 51st Street Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAGORAC, MICHAEL JR 201 E. KENNEDY BLVD., SUITE 1611 TAMPA, FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Zyskind, Barry D 59 Maiden Lane, 6th Floor New York, NY 10038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGARVEY, DANIEL J 901 NW 51ST STREET BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Ungar, Stephen B 59 Maiden Lane, 6th Floor New York, NY 10038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPEARMAN, GUY M III 402 HIGHPOINT DRIVE SUITE A COCOA, FL 329266634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miller, Jay J 430 East 57th Street New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, T W 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DeCarlo, Donald T 1979 Marcus Avenue, Suite 210 Lake Success, NY 11042	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Daniel J. McGarvey 04/23/08 (800) 866-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #