

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074425

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: AUTO INSURANCE PLUS, INC.

**Current Principal Place of Business:**

6795 STIRLING RD  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

6795 STIRLING RD  
DAVIE, FL 33314 US

**New Mailing Address:**

FEI Number: 65-0528132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALFRED SABOTKA  
3770 NW 58TH STREET  
COCONUT CREEK, FL 33073 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: DP ( ) Delete  
Name: SABOTKA, ALFRED  
Address: 3770 NW 58TH ST  
City-St-Zip: COCONUT CREEK, FL

Title: VP ( ) Delete  
Name: SABOTKA, BARBARA  
Address: 3770 N.W. 58TH STREET  
City-St-Zip: COCONUT CREEK, FL 33067

Title: ST ( ) Delete  
Name: MACRAINIE, AMI  
Address: 3770 NW 58TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: MCCRANIE, AMI  
Address: 3770 NW 58TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED SABOTKA

DP

02/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date