

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074425

FILED
Jan 19, 2009
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: MCCRANIE, AMI
Address: 3770 NW 58TH ST
City-St-Zip: COCONUT CREEK, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SABOTKA, ALFRED
Address: 3770 NW 58TH ST
City-St-Zip: COCONUT CREEK, FL 33073 BR

Title: VP (X) Change () Addition
Name: SABOTKA, BARBARA
Address: 3770 N.W. 58TH STREET
City-St-Zip: COCONUT CREEK, FL 33073 BR

Title: ST (X) Change () Addition
Name: MCCRANIE, AMI
Address: 3770 NW 58TH ST
City-St-Zip: COCONUT CREEK, FL 33073 BR

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: ALFRED SABOTKA

DP

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date