2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P94000088927

Entity Name: A BETTER DEAL INSURANCE AGENCY OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

1034 SW BAYSHORE BLVD.
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

1034 SW BAYSHORE BLVD.
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0543069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINACAPELLI, LEONARD
1034 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34953 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: PS ( ) Delete
Name: MINACAPELLI, LEONARD JR
Address: 1034 SW BAYSHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: MINACAPELLI, LEONARD
Address: 957 SW ABINGDON AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC ( ) Change (X) Addition
Name: MINACAPELLI, JENNIFER
Address: 1034 SW BAYSHORE BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

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: LEONARD MINACAPELLI PRES 03/24/2009

Electronic Signature of Signing Officer or Director Date