2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# P94000093330

Entity Name: AFFORDABLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

10 FAIRWAY DR 214
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

7350 CARMELA WAY
DELRAY BEACH, FL 33446 US

Current Mailing Address:

10 FAIRWAY DR., #214
DEERFIELD BEACH, FL 33441

New Mailing Address:

7350 CARMELA WAY
DELRAY BEACH, FL 33446 US

FEI Number: 65-0543316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOBEL, LESLIE
10 FAIRWAY DR #214
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

SOBEL, LESLIE
7350 CARMELA WAY
DELRAY BEACH, FL 33446 US

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: LESLIE SOBEL 03/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SOBEL, STEVEN
Address: 10 FAIRWAY DR 214
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete
Name: SOBEL, LESLIE
Address: 10 FAIRWAY DR, #214
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: SOBEL, STEVEN
Address: 10350 BUENA VENTURA DR.
City-St-Zip: BOCA RATON, FL 33498 US

Title: D (X) Change ( ) Addition
Name: SOBEL, LESLIE
Address: 7350 CARMELA WAY
City-St-Zip: DELRAY BEACH, FL 33446 US

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: LESLIE SOBEL D 03/29/2009
Electronic Signature of Signing Officer or Director Date