2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 12, 2008
Secretary of State

DOCUMENT# P95000005846

Entity Name: OLSON & DINUNZIO INSURANCE AGENCY INC.

Current Principal Place of Business:

2536 NORTHBROOKE PLAZA DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6931 SANDALWOOD LANE
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0570377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, CHRISTINE
6931 SANDALWOOD LANE
NAPLES, FL 34109 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OLSON, CHRISTINE
Address: 6931 SANDALWOOD LANE
City-St-Zip: NAPLES, FL 34109 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLSON, CHRISTINE M P
Address: 6931 SANDALWOOD LANE
City-St-Zip: NAPLES, FL 34109 US

Title: V ( ) Change (X) Addition
Name: DINUNZIO, PHILIP R VP
Address: 6931 SANDALWOOD LANE
City-St-Zip: NAPLES, FL 34109 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: CHRISTINE OLSON P 09/12/2008

Electronic Signature of Signing Officer or Director Date