

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009216

FILED
Apr 24, 2008
Secretary of State

Entity Name: INTERNATIONAL INSURANCE LOSS ASSISTANCE CO.

Current Principal Place of Business:

1800 SOUTH RIVERSIDE DR
EDGEWATER, FL 32132 US

New Principal Place of Business:

107 S. RIDGEWOOD AVENUE
EDGEWATER, FL 32132 US

Current Mailing Address:

1800 SOUTH RIVERSIDE DR
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: 42-1627941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAGANO, ALBERT S ESQ
551 S APOLLO BLVD STE 103
MELBOURNE, FL 32901 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: PVPD () Delete
Name: LENIK, JERALD L
Address: 1800 SOUTH RIVERSIDE DR
City-St-Zip: EDGEWATER, FL 32132

Title: STD () Delete
Name: LENIK, CHERYL
Address: 1800 SOUTH RIVERSIDE DR
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JERALD LOUIS LENIK

PVPD

04/24/2008

Electronic Signature of Signing Officer or Director

Date