2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P95000049479					FILED Mar 06, 2008 08:00	
THERESE QUINN INSURANCE AGENCY, INC.					Secretary of St	
Principal Plac	e of Business	Mailing Address		The same of the sa	- I	
9436 ARLINGTON EXPR JACKSONVILLE FL 32225		9436 ARLINGTON EXPR JACKSONVILLE FL 32225 US				
2. Pencipal Place of Business - No P.O. Box #		3. Mailing Addrass				•"
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)	
City & State		City & State			4. FEI Number 58-2184236 Applied F Not Applie	icable
Zip	Country	Zιρ	Cour	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
ALTERMAN, LEONARD 9116 CYPRESS GREEN DR JACKSONVILLE FL 32256					P O. Box Number is Not Acceptable)	
				City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, logical or printed Leads of registered agent and other integrations of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, logical or printed Leads of registered agent and other integrations. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, logical or printed Leads of registered agent						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe	′ 1
10.			11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information subclied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changes, or on an attachment with an address, with all other like empowered.						

2/14/08

Date

904)724-6040

Dayt me Phone #