2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P96000028301

Entity Name: ASSURANCE ALTERNATIVES, INC.

Current Principal Place of Business:

16155 SW 117TH AVENUE
MIAMI, FL 33177 US

New Principal Place of Business:

6356 MANOR LANE
SUITE 106
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

PO BOX 650190
MIAMI, FL 332650190 US

New Mailing Address:

6356 MANOR LANE
SUITE 106
SOUTH MIAMI, FL 33143 US

FEI Number: 65-0707180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENCIA, AYMARA
16155 S. W. 117TH AVENUE
B-24
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

BETANCOURT, KATHLEEN A
6356 MANOR LANE
SUITE 106
MIAMI, FL 33143 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: KATHLEEN A. BETANCOURT 05/02/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MENCIA, AYMARA
Address: 16155 SW 117TH AVENUE, B-24
City-St-Zip: MIAMI, FL 33177

Title: VPTD ( ) Delete
Name: BETANCOURT, KATHLEEN
Address: 16155 SW 117TH AVENUE, B-24
City-St-Zip: MIAMI, FL 33177

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: KATHLEEN A. BETANCOURT VPTD 05/02/2007
Electronic Signature of Signing Officer or Director Date