2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P96000038061

Entity Name: D. ALEX HAMES INSURANCE, INC.

Current Principal Place of Business:

1410 CELEBRATION AVENUE
UNIT 305
CELEBRATION, FL 34747

New Principal Place of Business:

14455 NW 21 PLACE
NEWBERRY, FL 32669 US

Current Mailing Address:

1410 CELEBRATION AVENUE
UNIT 305
CELEBRATION, FL 34747

New Mailing Address:

14455 NW 21 PLACE
NEWBERRY, FL 32669 US

FEI Number: 65-0662871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMES, D A
1410 CELEBRATION AVENUE
UNIT 305
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

HAMES, D A
14455 NW 21 PLACE
NEWBERRY, FL 32669 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: D. ALEX HAMES 04/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HAMES, D. ALEX
Address: 1410 CELEBRATION AVENUE #305
City-St-Zip: CELEBRATION, FL 34747

Title: SECY ( ) Delete
Name: HAMES, DEBORAH W
Address: 1410 CELEBRATION AVENUE #305
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HAMES, D. ALEX
Address: 14455 NW 21 PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: SECY (X) Change ( ) Addition
Name: HAMES, DEBORAH W
Address: 14455 NW 21 PLACE
City-St-Zip: NEWBERRY, FL 32669

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: D. ALEX HAMES PSDT 04/15/2008
Electronic Signature of Signing Officer or Director Date