

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027579

FILED
Feb 09, 2007
Secretary of State

Entity Name: EMPLOYEE ASSURANCE, INC.

Current Principal Place of Business:

10744 AYRSHIRE DRIVE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

10744 AYRSHIRE DRIVE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-3441307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMBERS, TONYA
10744 AYRSHIRE DRIVE
TAMPA, FL 33626 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: DP () Delete
Name: CHAMBERS, TONYA M
Address: 10744 AYRSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: DVP () Delete
Name: KOLEK, TERRI L
Address: 10744 AYRSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAMBERS, TONYA
Address: 10744 AYRSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: DVP (X) Change () Addition
Name: KOLEK, TERRI
Address: 10744 AYRSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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: TONYA CHAMBERS

DP

02/09/2007

Electronic Signature of Signing Officer or Director

Date