


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000102225 1. Entity Name AUTO INSURANCE AMERICA R.P., INC.	
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Principal Place of Business 901 SOUTH STATE ROAD 7 SUITE 110 HOLLYWOOD, FL 33023	Mailing Address 901 SOUTH STATE ROAD 7 SUITE 110 HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

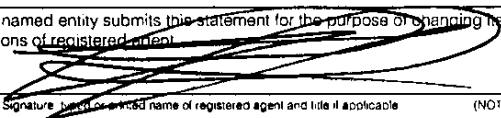
4. FEI Number 65-0797291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASCALE, ROBERT
901 S STATE RD 7
STE 110
HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 1-9-07

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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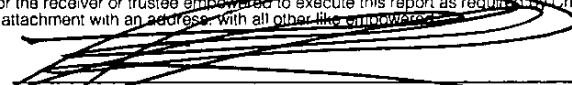
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PASCALE, ROBERT 901 SOUTH STATE ROAD 7 SUITE 110 HOLLYWOOD, FL 33023
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like information.

SIGNATURE:  DATE 1-9-07 DAYTIME PHONE # 954-983-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR