

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069717

FILED
Jan 11, 2007
Secretary of State

Entity Name: CU INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

343 LAKE ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

343 LAKE ROAD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3551226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGESON, D. JOHN E JR
332 N MAGNOLIA AVE
ORLANDO, FL 32802 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: PSD () Delete
Name: KELLGREN, THOMAS
Address: 343 LAKE ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: KELLGREN, KATHRYN D
Address: 343 LAKE RD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: KELLGREN, JORDAN L
Address: 343 LAKE RD
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CARLI, DAVID B
Address: 285 LAKESHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

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: THOMAS E. KELLGREN

PSD

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date