## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000075207

FILED Apr 13, 2007 Secretary of State

Entity Nan	ne: ALLEN IN	ISURANCE ASSOCIATES, IN	C.		
Current Principal Place of Business:			New Principal Place of Business:		
	ARBOR CITY I NE, FL 3293(				
Current Mailing Address:			New Mailing Address:		
	ARBOR CITY I NE, FL 3293(				
FEI Number:	59-3529496	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:	
ALLEN, ELIZABETH 1442 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32934 US				ALLEN, ELIZABETH 1442 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ELIZABETH ALLEN				04/13/2007	
	Electror	nic Signature of Registered Ago	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD ( ALLEN, HAROL 904 W WHITM MELBOURNE,	RE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ALLEN, ELIZAE 904 W WHITM MELBOURNE,	RE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: LIZ ALLEN VΡ 04/13/2007