

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 005 ***150.00

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02222007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000006584 1. Entity Name FINANCIAL INSURANCE EXCHANGE, INC.			
Principal Place of Business 5319 U.S. HWY 19 NEW PORT RICHEY, FL 34652		Mailing Address 5319 U.S. HWY 19 NEW PORT RICHEY, FL 34652	
2. Principal Place of Business - No P.O. Box # 5146 MARINE PKWAY Suite, Apt. #, etc.		3. Mailing Address 5146 MARINE PKWAY Suite, Apt. #, etc.	
City & State NEW PORT RICHEY FL. Zip 34652 Country USA		City & State NEW PORT RICHEY FL. Zip 34652 Country USA	
4. FEI Number 59-3551225		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINICINT LUBNANO 17105 GULF BLVD. #225 NORTH REDINGTON BEACH, FL 33708		7. Name and Address of New Registered Agent Name VINCENT M. LUBRANO Street Address (P.O. Box Number is Not Acceptable) 6433 EMERSON DRIVE City NEW PORT RICHEY FL Zip Code 34653	
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 <u><i>Vincent M. Lubrano</i></u> DATE 4-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBRANO, VINCENT 17105 GULF BLVD. #225 NORTH REDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VINCENT M. LUBRANO 6433 EMERSON DRIVE NEW PORT RICHEY FL. 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
SIGNATURE: <u><i>Vincent M. Lubrano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-9-07 Daytime Phone # 727-846-8212	