2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P99000008894

Entity Name: MACKMIN INSURANCE GROUP, INC.

Current Principal Place of Business:

P.O. BOX 2526
MARCO ISLAND, FL 34146

New Principal Place of Business:

1581 GALLEON AVENUE
MARCO ISLAND, FL 34145 CO

Current Mailing Address:

P.O. BOX 2526
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 65-0889027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKMIN, RAYMOND
1581 GALLEON AVE.
MARCO ISLAND, FL 34145 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: D ( ) Delete
Name: MACKMIN, RAYMOND
Address: P.O. BOX 2526
City-St-Zip: MARCO ISLAND, FL 34146

Title: D ( ) Delete
Name: MACKMIN, DEBORAH
Address: P.O. BOX 2526
City-St-Zip: MARCO ISLAND, FL 34146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RAY MACKMIN D 04/24/2007

Electronic Signature of Signing Officer or Director Date