

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109225

FILED
Apr 29, 2008
Secretary of State

Entity Name: AKTIV ASSEKURANZ (USA) INC.

Current Principal Place of Business:

10705 NW 33RD STREET
SUITE 120
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10705 NW 33RD STREET
SUITE 120
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0998602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JUAN ANGEL
C/O AKTIV ASSEKURANZ
10705 NW 33RD STREET
MIAMI, FL 33172 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: VD () Delete
Name: GONZALEZ, JUAN ANGEL
Address: 10705 NW 33RD STREET #120
City-St-Zip: MIAMI, FL 33172

Title: PD () Delete
Name: BOCHANSKI, JUERGEN
Address: 10705 NW 33RD STREET #120
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: SCHUMANN, KARL HEINZ
Address: 10705 NW 33RD STREET #120
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: GONZALEZ, JUAN ANGEL
Address: 10705 NW 33RD STREET #120
City-St-Zip: MIAMI, FL 33172

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

I hereby certify that the information supplied with this filing does not qualify 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: SCHUMANN, KARL HEINZ

SD

04/29/2008

Electronic Signature of Signing Officer or Director

Date