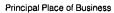
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S33152

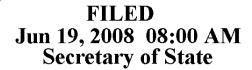
1. Entity Name

CONTINUING EDUCATION INSURANCE SCHOOL OF FLORIDA. INC.



12360 US HWY 19 HUDSON, FL 34667 Mailing Address

12360 US HWY 19 HUDSON, FL 34667





04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3042370 Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULSE, EDWARD J JR. 9850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

the obligations of registered agent. SIGNATURE			
FIL After M	E NOW!!! FEE IS \$150.00 9. Election Campaign Finar ay 1, 2008 Fee will be \$550.00- Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULSE, EDWARD J JR. 9850 HILLTOP DR NEW PORT RICHEY, FL 34654		U00000953245 06/19/08-80001-010 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSE, EDWARD J JR. 9850 HILLTOP DR NEW PORT RICHEY, FL 34654		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	AND PORT OF THE PROPERTY OF TH		
TITLENAME			

8. The above named entity submits this statement for the number of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

X4/14/38 727-869-0140