

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42428

FILED
Jun 30, 2007
Secretary of State

Entity Name: NATIONAL INSURANCE GROUP, INC.

Current Principal Place of Business:

PO BOX 3030
HALLANDALE, FL 33008

New Principal Place of Business:

PO BOX 3030
HALLANDALE, FL 33008

Current Mailing Address:

PO BOX 3030
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-0252061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENFIELD, ALAN E
3766 NE 209 TERR
AVENTURA, FL 33180 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAUSER, JAMES A
Address: 3191 CORAL WAY, SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: PD () Delete
Name: LIPP, A.J.
Address: PO BOX 128
City-St-Zip: HALLANDALE, FL 33008

Title: TSD () Delete
Name: GREENFIELD, ALAN E
Address: 3766 NE 209 TERR
City-St-Zip: AVENTURA, FL 33180

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:

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: A.J. LIPP

PD

06/30/2007

Electronic Signature of Signing Officer or Director

_____ Date