

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71790

FILED
Apr 29, 2008
Secretary of State

Entity Name: ALL FLORIDA INSURANCE GROUP, EAST COAST, INC.

Current Principal Place of Business:

345 BEVILLE RD
SUITE 109
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

516 E COUNTY ROAD 90
BUNNELL, FL 32110 US

Current Mailing Address:

345 BEVILLE RD
SUITE 109
SOUTH DAYTONA, FL 32119 US

New Mailing Address:

PO BOX 5859
THOMASVILLE, GA 31757

FEI Number: 59-3083976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORDENSKI, ANTHONY
345 BEVILLE RD
SUITE 109
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

MORDENSKI, ANTHONY
516 E COUNTY ROAD 90
BUNNELL, FL 32110 US

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: ANTHONY MORDENSKI

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORDENSKI, ANTHONY
Address: 203 FAIRFAX DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: ST () Delete
Name: MORDENSKI, ANTHONY
Address: 203 FAIRFAX DR
City-St-Zip: DAYTONA BEACH, FL 32119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORDENSKI, ANTHONY
Address: 5208 GA HIGHWAY 202
City-St-Zip: THOMASVILLE, GA 31757 US

Title: ST (X) Change () Addition
Name: MORDENSKI, ANTHONY
Address: 5208 GA HIGHWAY 202
City-St-Zip: THOMASVILLE, GA 31757 US

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: ANTHONY MORDENSKI

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date