

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10911

FILED
Jan 27, 2009
Secretary of State

Entity Name: EVEREST INSURANCE CONCEPTS, INC.

Current Principal Place of Business:

2907 BAY TO BAY BLVD.
212
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

701 S. HOWARD AVENUE
SUITE 106, BOX 499
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3118293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P.
2907 BAY TO BAY BLVD
STE 201
TAMPA, FL 33629 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: PSTD () Delete
Name: ABELES, BRIAN
Address: P O BOX 14399
City-St-Zip: TAMPA, FL 33690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ABELES, BRIAN
Address: 701 S. HOWARD AVE., SUITE 106, BOX 499
City-St-Zip: TAMPA, FL 33606

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: BRIAN ABELES

PSTD

01/27/2009

Electronic Signature of Signing Officer or Director

Date