2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# V18496

Entity Name: CONSUMERS INSURANCE GROUP, INC.

Current Principal Place of Business:

8802 ROCKY CREEK DR
#108
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8802 ROCKY CREEK DR
#108
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3112125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORGENSEN, PREBEN
5204 MEDOC AVE.
LUTZ, FL 33549 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: D ( ) Delete
Name: JORGENSEN, PREBEN
Address: 5204 AVE MEDOC
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete
Name: RANDAZZO, VINCENT J
Address: 6341 DISCOVERY LANE
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VRANDAZZO VP 05/04/2009

Electronic Signature of Signing Officer or Director Date