

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44982

FILED
Apr 10, 2007
Secretary of State

Entity Name: ROEBUCK ASSOCIATES INSURANCE EXCHANGE, INC.

Current Principal Place of Business:

7879 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

5599 SOUTH UNIVERSITY DRIVE
301
DAVIE, FL 33328

Current Mailing Address:

7879 PINES BLVD.
PEMBROKE PINES, FL 33024

New Mailing Address:

5599 SOUTH UNIVERSITY DRIVE
301
DAVIE, FL 33328

FEI Number: 65-0340289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEBUCK, NORMAN
7879 PINES BLVD.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

ROEBUCK, NORMAN
5599 SOUTH UNIVERSITY DRIVE
301
DAVIE, FL 33328 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:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ROEBUCK, NORMAN,
Address: 7879 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL

Title: T () Delete
Name: ROEBUCK, NORMAN,
Address: 7879 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL

Title: V (X) Delete
Name: ROEBUCK, TODD,
Address: 7879 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ROEBUCK, NORMAN,
Address: 5599 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: T (X) Change () Addition
Name: ROEBUCK, NORMAN,
Address: 5599 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN ROEBUCK

DPS

04/10/2007

Electronic Signature of Signing Officer or Director

Date