2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P03000009572

Entity Name: MAIN STREET AMERICA INSURANCE, INC.

Current Principal Place of Business:

678 SUNNY SOUTH AVE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

7414 HAVILAND CIRCLE
BOYNTON BEACH, FL 33437

Current Mailing Address:

678 SUNNY SOUTH AVE
BOYNTON BEACH, FL 33436

New Mailing Address:

7414 HAVILAND CIRCLE
BOYNTON BEACH, FL 33437

FEI Number: 54-2092683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPS ( ) Delete
Name: RABINOWITZ, ARNOLD
Address: 678 SUNNY SOUTH AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DVT ( ) Delete
Name: RABINOWITZ, SUSAN C
Address: 678 SUNNY SOUTH AVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: RABINOWITZ, ARNOLD
Address: 7414 HAVILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVT (X) Change ( ) Addition
Name: RABINOWITZ, SUSAN C
Address: 7414 HAVILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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: ARNOLD RABINOWITZ DPS 01/16/2009

Electronic Signature of Signing Officer or Director — Date