2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# P07000111499

Entity Name: LAMARCA INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 26-1210612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMARCA, MICHAEL A
1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: LAMARCA, MICHAEL A
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DVPT
Name: LAMARCA, MICHELLE L
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A. LAMARCA DPS 02/11/2011

Electronic Signature of Signing Officer or Director — Date