2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2011
Secretary of State

DOCUMENT# P08000088529

Entity Name: TRU AUTO INSURANCE, INC.

Current Principal Place of Business:

349 N.W. 16TH ST., STE 108
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 384
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 80-0289070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRYANT, SABRINA K
349 N.W. 16TH ST., STE 108
BELLE GLADE, FL 33430 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: PDTS
Name: BRYANT, SABRINA K
Address: 349 N.W. 16TH ST., STE 108
City-St-Zip: BELLE GLADE, FL 33430

Title: VDTS
Name: BRYANT, BOBBY SR.
Address: 349 N.W. 16TH ST., STE 108
City-St-Zip: BELLE GLADE, FL 33430

Title: S
Name: BRYANT, SHAYLA K
Address: 349 NW 16TH ST STE 108
City-St-Zip: BELLE GLADE, FL 33430

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: SABRINA BRYANT P 03/13/2011

Electronic Signature of Signing Officer or Director — Date