2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2011
Secretary of State

DOCUMENT# P10000098400

Entity Name: ST. JAMES INSURANCE GROUP II, INC.

Current Principal Place of Business:

6675 WESTWOOD BLVD. SUITE 360
ORLANDO, FL 32821

New Principal Place of Business:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

Current Mailing Address:

6675 WESTWOOD BLVD. SUITE 360
ORLANDO, FL 32821

New Mailing Address:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

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

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FALZARANO, EDWARD D
6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821 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: EDWARD FALZARANO 09/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: MCCAHILL, JAMES J
Address: 6131 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: T
Name: FALZARANO, EDWARD D
Address: 3431 FERNLAKE PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: P
Name: LUCAS, ROBERT P
Address: 6258 BLAKEFORD DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: EDWARD FALZARANO T 09/13/2011
Electronic Signature of Signing Officer or Director Date