2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P99000049941

Entity Name: A PROFESSIONAL INSURANCE AGENCY OF BREVARD, INC.

Current Principal Place of Business:

1800 W HIBISCUS BLVD 131
MELBOURNE, FL 32940

New Principal Place of Business:

1800 W HIBISCUS BLVD 131
MELBOURNE, FL 32901

Current Mailing Address:

1800 W HIBISCUS BLVD 131
MELBOURNE, FL 32940

New Mailing Address:

1800 W HIBISCUS BLVD 131
MELBOURNE, FL 32901

FEI Number: 59-3576889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRESE, GARY B
930 SOUTH HARBOR CITY BLVD.,STE.505
MELBOURNE, FL 32901 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: P ( ) Delete
Name: J. WAYNE EDENS,
Address: 3535 PALMER DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete
Name: STEELE, SCOTT
Address: 460 BAHAMA DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete
Name: ALLAIRE, DAVID
Address: 4960 PIGEON PLUM CIRCLE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID ALLAIRE VP 01/20/2009

Electronic Signature of Signing Officer or Director — Date