2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P01000051727

Entity Name: GEHRING INSURANCE, INC.

Current Principal Place of Business:

3801 PGA BLVD
SUITE 807
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4362 NORTHLAKE BLVD.
SUITE 208
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3801 PGA BLVD
SUITE 807
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4362 NORTHLAKE BLVD.
SUITE 208
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1113015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEHRING, KLIF
334 JACARANDA DRIVE
JUPITER, FL 33458 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: D ( ) Delete
Name: GEHRING, KLIF
Address: 334 JACARANDA DRIVE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KLIF GEHRING D 01/16/2009

Electronic Signature of Signing Officer or Director — Date