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: DONALD ISRAELSON

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022506

Entity Name: COMPASS INSURANCE BROKERS INC

Current Principal Place of Business:

2021 WHITE FEATHER LANE NOKOMIS, FL 34275

Current Mailing Address:

2021 WHITE FEATHER LANE NOKOMIS, FL 34275 US

FEI Number: 26-4434876

Name and Address of Current Registered Agent:

BUTLER, JOHN E 1660 HUDSON PT DR SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	VP
Name	ISRAELSON, DONALD L	Name	ISRAELSON, NANCY E
Address	2021 WHITE FEATHER LANE	Address	2021 WHITE FEATHER LANE
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275

PRESIDENT

04/29/2013 Date

FILED Apr 29, 2013 Secretary of State CC3834697918

Certificate of Status Desired: No

Date