2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# 609989

Entity Name: GEORGE L. FREY INSURANCE AGENCY, INC.

Current Principal Place of Business:

755 W HWY 434, STE I
LONGWOOD, FL 32750

New Principal Place of Business:

755 W HWY 434
SUITE I
LONGWOOD, FL 32750

Current Mailing Address:

755 HWY 434, SUITE I
LONGWOOD, FL 32750

New Mailing Address:

755 HWY 434
SUITE I
LONGWOOD, FL 32750

FEI Number: 59-1875663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRY, GREGORY T
755 W HWY 434, STE I
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

FRY, GREGORY T
755 W HWY 434
SUITE I
LONGWOOD, FL 32750 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: _____ 03/17/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: FRY, GREGORY
Address: 755 W. HWY 434, STE I
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: FREY, GEORGE L,
Address: 755 W. HWY 434, STE. I
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete
Name: GIBBS, LOIS L
Address: 755 W. HWY 434, STE I
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete
Name: LABONUTE, CHRISTOPHER L
Address: 755 W. HWY 434, STE I
City-St-Zip: LONGWOOD, FL 32750

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:

Title: T (X) Change ( ) Addition
Name: LABONTE, CHRISTOPHER L
Address: 755 W. HWY 434, STE I
City-St-Zip: LONGWOOD, FL 32750

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: GREGORY FRY PRES 03/17/2008
Electronic Signature of Signing Officer or Director — Date