## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005085

Entity Name: STRATEGIC INSURANCE AGENCY, INC.

FILED Mar 14, 2012 Secretary of State

| Current Principal Place of Business:                                           | New Principal Place of Business:                                        |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 568 S. LIVINGSTON AVE.<br>LIVINGSTON, NJ 07039                                 |                                                                         |
| Current Mailing Address:                                                       | New Mailing Address:                                                    |
| 568 S. LIVINGSTON AVE.<br>LIVINGSTON, NJ 07039                                 |                                                                         |
| FEI Number: 22-3663796 FEI Number Applied For ( )                              | FEI Number Not Applicable ( ) Certificate of Status Desired ( )         |
| Name and Address of Current Registered Agent:                                  | Name and Address of New Registered Agent:                               |
| ROSNER, GARY S P.A.<br>6359 SQUIREWOOD WAY<br>LAKE WORTH, FL 33467 US          |                                                                         |
| The above named entity submits this statement for the in the State of Florida. | purpose of changing its registered office or registered agent, or both, |
| SIGNATURE:                                                                     |                                                                         |
| Electronic Signature of Registered A                                           | gent Date                                                               |
| OFFICERS AND DIRECTORS:                                                        |                                                                         |

Title:

Name: BADER, KEITH
Address: 2 HOBSON DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

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: KEITH BADER P 03/14/2012