2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# F06000004708

Entity Name: HERBERT H. LANDY INSURANCE AGENCY, INC.

Current Principal Place of Business:

75 SECOND AVE STE 410
NEEDHAM, MA 02494

New Principal Place of Business:

Current Mailing Address:

75 SECOND AVE STE 410
NEEDHAM, MA 02494

New Mailing Address:

FEI Number: 04-2641145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE STE 200
TARPON SPRINGS, FL 34688 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:	DP	( ) Delete
Name:	MAGNUSON, BETSY A	
Address:	33 HAYDEN DR	
City-St-Zip:	FOXBORO, MA 02035	
Title:	D	(X) Delete
Name:	FLYNN, JOSEPH S	
Address:	29 KINGSBERRY WAY	
City-St-Zip:	EASTHAMPTON, MA 01027	
Title:	T	( ) Delete
Name:	RASKIN, STEPHEN M	
Address:	1501 BEACON ST #1103	
City-St-Zip:	BROOKLINE, MA 02146	
Title:	D	( ) Delete
Name:	LANDY, HERBERT H	
Address:	297 NAHANTON ST	
City-St-Zip:	NEWTON, MA 02459	
Title:	D	( ) Delete
Name:	LANDY, LEAH	
Address:	297 NAHANTON ST	
City-St-Zip:	NEWTON, MA 02459	
Title:	D	( ) Delete
Name:	CATALDO, ROBERT	
Address:	30 SOLOMON PIERCE RD	
City-St-Zip:	LEXINGTON, MA 02173	

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:	D	(X) Change ( ) Addition
Name:	LANDY, HERBERT H	
Address:	10 LONGWOOD DR STE 260	
City-St-Zip:	WESTWOOD, MA 02090	
Title:	D	(X) Change ( ) Addition
Name:	LANDY, LEAH	
Address:	10 LONGWOOD DR	
City-St-Zip:	WESTWOOD, MA 02090	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: BETSY A. MAGNUSON DP 03/27/2007

Electronic Signature of Signing Officer or Director — Date