2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# F10000001036

Entity Name: COMMERCIAL INSURANCE MANAGERS INC

Current Principal Place of Business:

8170 LARK BROWN ROAD
SUITE 102
ELKRIDGE, MD 21075

New Principal Place of Business:

Current Mailing Address:

8170 LARK BROWN ROAD
SUITE 102
ELKRIDGE, MD 21075

New Mailing Address:

FEI Number: 52-1739660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISH, CLIFFORD
6291 BAHIA DEL MAR CIRCLE
APT. 212
SDT.PETERSBURG, FL 33715 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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: MUMPOWER, GORDON M JR.
Address: 12214 SLEEPY HORSE LANE
City-St-Zip: COLUMBIA, MD 21044

Title: PT
Name: MUMPOWER, GORDON M JR.
Address: 12214 SLEEPY HORSE LANE
City-St-Zip: COLUMBIA, MD 21044

Title: VCHR
Name: MUMPOWER, CANDICE
Address: 10205 WINCOPIN CIRCLE APT. 406
City-St-Zip: COLUMBIA, MD 21044

Title: VS
Name: MUMPOWER, CANDICE
Address: 10205 WINCOPIN CIRCLE APT. 406
City-St-Zip: COLUMBIA, MD 21044

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: GORDON M MUMPOWER JR CHRM 02/16/2011

Electronic Signature of Signing Officer or Director — Date