2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# F11000003638

Entity Name: DIVERSIFIED INSURANCE FACILITIES, INC.

Current Principal Place of Business:

18 AUGUSTA PINES DR SUITE 220W
SPRING, TX 77389

New Principal Place of Business:

Current Mailing Address:

18 AUGUSTA PINES DR SUITE 220W
SPRING, TX 77389

New Mailing Address:

FEI Number: 76-0415774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P
Name: GOODWIN, GEORGE E
Address: 18 AUGUSTA PINES DR SUITE 220W
City-St-Zip: SPRING, TX 77389

Title: ST
Name: ARMSTRONG, JOHN F III
Address: 18 AUGUSTA PINES DR SUITE 220W
City-St-Zip: SPRING, TX 77389

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: GEORGE E GOODWIN P 04/19/2012

Electronic Signature of Signing Officer or Director — Date