## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2008 8:00 am Secretary of State DOCUMENT # G53681 1. Entity Name 04-10-2008 90013 025 \*\*\*150 00 HMS INSURANCE AGENCY, INC. Principal Place of Business Mailing Address P 0 B0X 551540 1625 NW 136TH AVE SUITE 200 FT LAUDERDALE, FL 33355--154 US FORT LAUDERDALE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. EEI Number 59-2388171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUDGES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1625 NW 136TH AVE SUITE 200 FORT LAUDERDALE, FL 33323 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD TITLE ☐ Delete TITLE ☐ Change ■ Addition WOLK, HOWARD L NAME NAME 1625 NW 136TH AVE SUITE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33323 CITY-ST-ZIP ST ☐ Delete TITLE TITLE ☐ Change Addition JUDGES, ROBERT NAME NAME 1625 NW 136TH AVE SUITE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33323 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition President Joseph J. Irrandela CHEN, DIETRICH NAME NAME 16 25 NW 136 Ave. # 210 STREET ADDRESS 1625 NW 136TH AVE SUITE 210 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOLK, SIDNEY D NAME NAME STREET ADDRESS 1625 NW 136TH AVE SUITE 210 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WOLK, JEFFREY C NAME NAME STREET ADDRESS 1625 NW 136TH AVE SUITE 210 STREET ADDRESS FORT LAUDERDALE, FL 33323 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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FILED