2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# G73656

Entity Name: RIEDEL AGENCIES INSURANCE & TRAVEL INC.

Current Principal Place of Business:

% JAMES P. RIEDEL
3570 CONSUMER STREET, #1
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

% JAMES P. RIEDEL
3570 CONSUMER STREET, #1
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 59-2309193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEDEL, JAMES P.
3570 CONSUMER STREET
#1
RIVIERA BEACH, FL 33404 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: RIEDEL, JAMES P,
Address: 3570 CONSUMER STREET #1
City-St-Zip: RIVIERA BCH, FL 00000,

Title: VP ( ) Delete
Name: RIEDEL, JAMES P
Address: 3570 CONSUMER ST #1
City-St-Zip: RIVIERA BCH, FL 33404

Title: ST ( ) Delete
Name: RIEDEL, MARIE,
Address: 3570 CONSUMER STREET #1
City-St-Zip: RIVIERA BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RIEDEL, JAMES P
Address: 3570 CONSUMER STREET #1
City-St-Zip: RIVIERA BCH, FL 33404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: RIEDEL, MARIE,
Address: 3570 CONSUMER STREET #1
City-St-Zip: RIVIERA BCH., FL 33404

I hereby certify that the information supplied with this filing does not qualify 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: JAMES P. RIEDEL DP 01/21/2009

Electronic Signature of Signing Officer or Director — Date