2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G75413 02-20-2006 90038 026 ***150.00 SCHMALZ INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 3894 TAMPA RD, STE B 3894 TAMPA RD, STE B 60019201 OLDSMAR, FL 34677 OLDSMAR, FL 34677 CR2E034 (11/05) 02072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2367904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHMALZ, JOHN A. 3894 TAMPA ROAD, STE B OLDSMAR, FL 34677 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TOF NAME SCHMALZ, JOHN A 3894 TAMPA RD, STE B STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 received empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FILED Feb 20, 2006 8:00 am