2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# H83756

Entity Name: B. MURRAY INSURANCE AGENCY, INC.

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 100
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2670705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MICHAEL D
601 BAYSHORE BLVD.
SUITE 700
TAMPA, FL 33606 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: PTD
Name: MURRAY, JOAN
Address: 620 STONEFIELD LP
City-St-Zip: HEATHROW, FL 32746

Title: VSD
Name: MURRAY, W. EDWARD JR
Address: 620 STONEFIELD LP
City-St-Zip: HEATHROW, FL 32746

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: MARY MICHAELENE CRISWELL MGR 01/14/2011

Electronic Signature of Signing Officer or Director — Date