2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# J14777

Entity Name: ISLAND INSURANCE AGENCY, INC.

Current Principal Place of Business:

3229 FLAGLER AVENUE
UNIT #112
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3229 FLAGLER AVENUE
UNIT #112
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2669177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMITA, TIM L PRESIDE
3229 FLAGLER AVE.
UNIT 112
KEY WEST, FL 33040 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: PST
Name: TOMITA, TIM L.
Address: 3229 FLAGLER AVE #112
City-St-Zip: KEY WEST, FL

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: TIM TOMITA PRES 01/04/2011

Electronic Signature of Signing Officer or Director — Date