2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# K11758

Entity Name: LESLIE SAUNDERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1535 NORTH DALE MABRY HWY
LUTZ, FL 33548 US

New Principal Place of Business:

1535 NORTH DALE MABRY HWY
SUITE 101
LUTZ, FL 33548 US

Current Mailing Address:

1535 NORTH DALE MABRY HWY
LUTZ, FL 33548 US

New Mailing Address:

1535 NORTH DALE MABRY HWY
SUITE 101
LUTZ, FL 33548 US

FEI Number: 59-2864999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUBLEY & BUBLEY, PA
3820 NORTHDALE BLVD
STE 312
TAMPA, FL 33624 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: P ( ) Delete
Name: SAUNDERS, LESLIE
Address: 1535 NORTH DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SAUNDERS, LESLIE A
Address: 1535 NORTH DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548 US

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: LESLIE A SAUNDERS PRES 01/15/2008

Electronic Signature of Signing Officer or Director — Date