2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# L05000088983

Entity Name: WOODWARD INSURANCE AGENCY, PLC

Current Principal Place of Business:

1042 N. US HIGHWAY 1
SUITE 6
ORMOND BEACH, FL 32174

New Principal Place of Business:

290 N. US HIGHWAY 1
ORMOND BEACH, FL 32174

Current Mailing Address:

1042 N. US HIGHWAY 1
SUITE 6
ORMOND BEACH, FL 32174

New Mailing Address:

290 NORTH U S HIGHWAY 1
ORMOND BEACH, FL 32174

FEI Number: 11-3760931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, DOREEN R
77 BRADDOCK LANE
PALM COAST, FL 32137 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

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: WOODWARD, DOREEN R PRES
Address: 77 BRADDOCK LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOREEN R WOODWARD PRES 03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date