2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50377

Current Mailing Address:

Entity Name: RON TROWELL INSURANCE AGENCY, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7731 NEWBERRY ROAD
SUITE A-2
SUITE A-2

GAINESVILLE, FL 32606 GAINESVILLE, FL 32606

7731 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32606

7731 W NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32606

GAINESVILLE, FL 32606

FEI Number: 59-2997884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TROWELL, RON
7731 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32606 US
TROWELL, RON
7731 W NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32606 US
GAINESVILLE, FL 32606 US

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: DARLENE B TROWELL 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: TROWELL, RON Name: TROWELL, RON
Address: 7731 NEWBERRY ROAD SUITE A-2 Address: 7731 W NEWBERRY ROAD SUITE A-2

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete Title: ST (X) Change () Addition

Name: TROWELL, DARLENE B Name: TROWELL, DARLENE B

Address: 7731 NEWBERRY ROAD SUITE A-2 Address: 7731 W NEWBERRY ROAD SUITE A-2

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

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 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: DARLENE B TROWELL ST 04/23/2007