2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# M47995

Entity Name: BROWARD DISCOUNT INSURANCE & TAGS, INC.

Current Principal Place of Business:

C/O DIANA & ROBERT LEVIN
879 SAN RAPHAEL STREET
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

C/O DIANA & ROBERT LEVIN
879 SAN RAPHAEL STREET
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 59-2779226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, DIANA E
879 SAN RAPHAEL STREET
KISSIMMEE, FL 34759 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: PD
Name: LEVIN, DIANA E PRES
Address: 879 SAN RAPHAEL STREET
City-St-Zip: KISSIMMEE, FL 34759

Title: STD
Name: LEVIN, ROBERT A SEC/TR
Address: 879 SAN RAPHAEL STREET
City-St-Zip: KISSIMMEE, FL 34759

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: DIANA E LEVIN PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date