2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# P00000018572

Entity Name: SUSAN J. FAHS INSURANCE AGENCY, INC.

Current Principal Place of Business:

12995 S. CLEVELAND AVE #116
FT MYERS, FL 33907

New Principal Place of Business:

14421 METROPOLIS AVE.
105
FT MYERS, FL 33912

Current Mailing Address:

12995 S. CLEVELAND AVE #116
FT MYERS, FL 33907

New Mailing Address:

14421 METROPOLIS AVE.
105
FT MYERS, FL 33912

FEI Number: 65-0983918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAHS, STEVE
12995 S. CLEVELAND AVE #116
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

FAHS, STEVE
14421 METROPOLIS AVE.
105
FT MYERS, FL 33912 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: _____ 01/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAHS, SUSAN
Address: 12995 SOUTH CLEVELAND AVENUE 116
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAHS, SUSAN
Address: 14421 METROPOLIS AVE., # 105
City-St-Zip: FORT MYERS, FL 33912

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: SUSAN FAHS PRES 01/17/2006
Electronic Signature of Signing Officer or Director — Date