2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P00000042485

Entity Name: SIGH INSURANCE SERVICES, INC.

Current Principal Place of Business:

1000 W. MCNAB ROAD
236
POMPANO BEACH, FL 33069

New Principal Place of Business:

1000 W. MCNAB ROAD
150
POMPANO BEACH, FL 33069

Current Mailing Address:

1000 W. MCNAB ROAD
236
POMPANO BEACH, FL 33069

New Mailing Address:

1000 W. MCNAB ROAD
150
POMPANO BEACH, FL 33069

FEI Number: 65-1005515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIGH, JOHN W
1000 W. MCNAB ROAD
236
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

SIGH, JOHN W
1000 W. MCNAB ROAD
150
POMPANO BEACH, FL 33069 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: _____ 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SIGH, JOHN W
Address: 1000 W. MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN W. SIGH PRES 03/23/2009
Electronic Signature of Signing Officer or Director — Date