2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# P00000078001

Entity Name: MACDERMOTT & ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

16 TIMBERLAND CIRCLE NORTH
FT. MYERS, FL 33919

New Principal Place of Business:

12923 SAN POINT CIRCLE
FT. MYERS, FL 33919

Current Mailing Address:

16 TIMBERLAND CIRCLE NORTH
FT. MYERS, FL 33919

New Mailing Address:

12923 SAN POINT CIRCLE
FT. MYERS, FL 33919

FEI Number: 65-1033165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANDERON, THOMAS
868 106TH AVE. NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WANDERON, THOMAS
809 WALKERBILT RD. #5
NAPLES, FL 34110 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: 02/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACDERMOTT, ROY E
Address: 16 TIMBERLAND CIRCLE NORTH
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACDERMOTT, ROY E
Address: 12923 SAN POINT CIRCLE
City-St-Zip: FT. MYERS, FL 33919

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: ROY E. MACDERMOTT PD 02/25/2006
Electronic Signature of Signing Officer or Director — Date