2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# P00000099942

Entity Name: DIANE K. FREEMAN INSURANCE AGENCY INC.

Current Principal Place of Business:

1119 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1119 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3677198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, DIANE K
1119 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FREEMAN, DIANE K
Address: 6465 RENAISSANCE DR.
City-St-Zip: PORT ORANGE, FL 321247206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FREEMAN, DIANE K
Address: 2739 TURNBULL ESTATES DR
City-St-Zip: NEW SMYRNA, FL 32168-606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE K. FREEMAN PRES 01/13/2005

Electronic Signature of Signing Officer or Director — Date