2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P01000069572

Entity Name: PITTMAN INSURANCE, INC.

Current Principal Place of Business:

2317 BLANDING BLVD
SUITE 103
JACKSONVILLE, FL 32210

New Principal Place of Business:

9372 COXWELL LANE
JACKSONVILLE, FL 32221 US

Current Mailing Address:

2317 BLANDING BLVD
SUITE 103
JACKSONVILLE, FL 32210

New Mailing Address:

9372 COXWELL LANE
JACKSONVILLE, FL 32221 US

FEI Number: 01-0567389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTMAN, SALLY L
2317 BLANDING BLVD
SUITE 103
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

PITTMAN, SALLY L
9372 COXWELL LN
JACKSONVILLE, FL 32221 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: _____ 01/12/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: PITTMAN, SALLY L
Address: 9372 COXWELL LN
City-St-Zip: JACKSONVILLE, FL 322121 US

Title: D
Name: PITTMAN, DENNIS R
Address: 9372 COXWELL LN
City-St-Zip: JACKSONVILLE, FL 32221 US

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: SALLY L. PITTMAN PRES 01/12/2011
Electronic Signature of Signing Officer or Director — Date