


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 042 ***150.00

DOCUMENT # P01000091319 1. Entity Name AGRICULTURE INSURANCE & SERVICES, INC.																																																													
Principal Place of Business 60 NW 14TH STREET HOMESTEAD, FL 33030		Mailing Address 60 NW 14TH STREET HOMESTEAD, FL 33030																																																											
2. Principal Place of Business - No P.O. Box # 90 N. W. 15th Street Suite, Apt. #, etc.		3. Mailing Address 90 N. W. 15th Street Suite, Apt. #, etc.																																																											
City & State Homestead, Florida Zip Country 33030 U.S.A.		City & State Homestead, Florida Zip Country 33030 U.S.A.																																																											
4. FEI Number 65-1137714		Applied For <input type="checkbox"/> Not Applicable																																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																											
6. Name and Address of Current Registered Agent NORWOOD, KIMBERLY 60 NW 14TH STREET HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																											
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Kimberly Norwood</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/24/08</i>																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>NORWOOD, KIMBERLY</td> <td>60 NW 14TH STREET</td> <td>90 NW 15th St. HOMESTEAD, FL 33030</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		NORWOOD, KIMBERLY	60 NW 14TH STREET	90 NW 15th St. HOMESTEAD, FL 33030		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition																																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																													
SIGNATURE: <i>Kimberly Norwood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/24/08</i> Daytime Phone #: <i>305-246-5795</i>																																																											