2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

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Entity Name: KIM OSMAN INSURANCE GROUP, INC.

Current Principal Place of Business:

474 N HARBOR CITY BLVD
SUITE, 4
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

474 N HARBOR CITY BLVD
SUITE, 4
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 41-2077954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSMAN, KIM R PRES.
1946 SLONE BLVD
MELBOURNE, FL 32935 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

OFFICERS AND DIRECTORS:

Title: VT
Name: OSMAN, PETE
Address: 1946 SLONE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: PS
Name: OSMAN, KIM
Address: 1946 SLONE BLVD
City-St-Zip: MELBOURNE, FL 32935

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: PETE OSMAN VP 02/10/2011

Electronic Signature of Signing Officer or Director — Date