2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2007
Secretary of State

DOCUMENT# P03000081860

Entity Name: HILL INSURANCE AGENCY, INC.

Current Principal Place of Business:

1720 EL JORDAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

PO BOX 380090
MURDOCK, FL 339380090

New Mailing Address:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

FEI Number: 52-2393189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, JOHN
1720 EL JOBEAN RD
SUITE 202
PORT CHARLOTTE, FL 33948 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: PD ( ) Delete
Name: NOLAN, JOHN D
Address: 2788 ROYAL PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

Title: VS (X) Delete
Name: LAMARCA, MICHELLE L
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VD ( ) Delete
Name: LAMARCA, MICHAEL A
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VT ( ) Delete
Name: NOLAN, MARY A
Address: 2788 ROAL PALM DR
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LAMARCA, MICHAEL A
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN D NOLAN P 05/13/2007

Electronic Signature of Signing Officer or Director — Date