2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: SWINSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

4561 OKEECHOBEE BLVD
SUITE 1
W PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

8235 FOREGO ROAD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 02-0711373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWINSON, MALLORY A P
4561 OKEECHOBEE BLVD
SUITE 1
WEST PALM BEACH, FL 33417 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: D,P
Name: SWINSON, MALLORY A
Address: 8235 FOREGO ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D,VP
Name: SWINSON, EDWARD S
Address: 8235 FOREGO ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: SWINSON, DANIEL J
Address: 852 WINDERMERE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: EDWARD S SWINSON VP 03/30/2011

Electronic Signature of Signing Officer or Director — Date