2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# P04000048991

Entity Name: PROVISIONS INSURANCE INC.

Current Principal Place of Business:

6239 EDGEWATER DRIVE
SUITE V2
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6239 EDGEWATER DRIVE
SUITE V2
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-0253560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, LISA K
6239 EDGEWATER DR
V2
ORLANDO, FL 32810 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD
Name: CAPECE, JAMES J III
Address: 2143 LAKE DEBRA DR #1014
City-St-Zip: ORLANDO, FL 32835

Title: VSD
Name: THOMPSON, LISA K
Address: 324 LOCH LOMOND AVE
City-St-Zip: LONGWOOD, FL 32750

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: JAMES J CAPECE III PTD 04/12/2010

Electronic Signature of Signing Officer or Director — Date