2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# P04000093100

Entity Name: VICKI DIAZ INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

10012 WATER WORKS LN.
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1279
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 20-1265789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAZ, VICKI ANNETTE
1933 WOODCUT DR
LUTZ, FL 33559 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: PVTD ( ) Delete
Name: BUICE, JAMES M.
Address: 12110 71ST STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: S (X) Delete
Name: DIAZ, VICKI A.
Address: 1933 WOODCUT DRIVE
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change ( ) Addition
Name: DIAZ, VICKI A PRES
Address: 1933 WOODCUT DRIVE
City-St-Zip: LUTZ, FL 33559

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: VICKI A. DIAZ PRES 02/11/2008

Electronic Signature of Signing Officer or Director — Date