2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# P05000033953

Entity Name: ATCHISON INSURANCE, INC.

Current Principal Place of Business:

1865 N WICKHAM ROAD
SUITE B
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1865 N WICKHAM ROAD
SUITE B
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-2555493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATCHISON, WADE
1849 ONTARIO CIRCLE SOUTH
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: P
Name: ATCHISON, WADE
Address: P.O. BOX 410244
City-St-Zip: MELBOURNE, FL 32941 US

Title: VP
Name: ATCHISON, TRACY
Address: P.O. BOX 410244
City-St-Zip: MELBOURNE, FL 32941 US

Title: S
Name: ATCHISON, TRACY
Address: P.O. BOX 410244
City-St-Zip: MELBOURNE, FL 32941 US

Title: T
Name: ATCHISON, TRACY
Address: P.O. BOX 410244
City-St-Zip: MELBOURNE, FL 32941 US

Title: DIR
Name: ATCHISON, WADE
Address: P.O. BOX 410244
City-St-Zip: MELBOURNE, FL 32941 US

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: WADE ATCHISON P 02/25/2011

Electronic Signature of Signing Officer or Director — Date