2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P05000035854

Entity Name: OWEN INSURANCE, INC.

Current Principal Place of Business:

9123 N. MILITARY TRAIL
SUITE 106
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

9123 N. MILITARY TRAIL
SUITE 106
PALM BEACH GARDENS, FL 33410

New Mailing Address:

5500 MILITARY TRAIL
22-322
JUPITER, FL 33458

FEI Number: 05-0618537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OWEN, JON P
9123 NORTH MILITARY TRAIL
SUITE 106
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

OWEN, JON P
15385 87TH TRAIL N
PALM BEACH GARDENS, FL 33418 US

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: _____ 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OWEN, JON P
Address: 15385 87TH TRAIL NORTH
City-St-Zip: WEST PALM BEACH, FL 33418

Title: D ( ) Delete
Name: OWEN, LISA C
Address: 15385 87TH TRAIL NORTH
City-St-Zip: WEST PALM BEACH, FL 33418

Title: D (X) Delete
Name: OWEN, VALERIE L
Address: 243 CASTLWOOD #6
City-St-Zip: LAKE PARK, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JON PATRICK OWEN PRES 04/27/2007
Electronic Signature of Signing Officer or Director — Date