2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2011
Secretary of State

DOCUMENT# P05000058215

Entity Name: ALL LINES INSURANCE OF BREVARD, INC.

Current Principal Place of Business:

966 S. WICKMAN RD. #102
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 939
MELBOURNE, FL 32902

New Mailing Address:

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

Name and Address of Current Registered Agent:

RANEW, BARRY
966 S. WICKMAN RD. #102
WEST MELBOURNE, FL 32904 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: MGRM
Name: RANEW, BARRY
Address: 966 S. WICKMAN RD. #102
City-St-Zip: WEST MELBOURNE, FL 32904

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: BARRY RANEW MGRM 01/15/2011

Electronic Signature of Signing Officer or Director — Date