2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# P05000108507

Entity Name: RYAN OCHIPA INSURANCE AGENCY INC.

Current Principal Place of Business:

1721 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

New Principal Place of Business:

785 W. GRANADA BLVD.
STE. 1
ORMOND BEACH, FL 32174

Current Mailing Address:

1721 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

New Mailing Address:

785 W. GRANADA BLVD.
STE. 1
ORMOND BEACH, FL 32174

FEI Number: 35-2252190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCHIPA, RYAN
RYAN OCHIPA INSURANCE AGENCY, INC
1721 RIDGEWOOD AVE
HOLLYHILL, FL 32117 US

Name and Address of New Registered Agent:

OCHIPA, RYAN
RYAN OCHIPA INSURANCE AGENCY, INC
785 W. GRANADA BLVD. STE 1
ORMOND BEACH, FL 32174 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: 06/30/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OCHIPA, RYAN
Address: 4 COBBLESTONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete
Name: OCHIPA, JENNIFER
Address: 4 COBBLESTONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JENNIFER OCHIPA T 06/30/2009
Electronic Signature of Signing Officer or Director — Date