2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P05000113617

Entity Name: CAPE CORAL INSURANCE CENTER, INC.

Current Principal Place of Business:

643 CAPE CORAL PKWY E
SUITE B
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

643 CAPE CORAL PKWY E
SUITE B
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 02-0748497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLEICHER, PATRICIA
643 CAPE CORAL PKWY E
STE B
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SLEICHER, PATRICIA
643 CAPE CORAL PKWY E. #B
STE B
CAPE CORAL, FL 33904 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: _____ 04/25/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SLEICHER, PATRICIA
Address: 4822 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: PATRICIA SLEICHER PRES 04/25/2011
Electronic Signature of Signing Officer or Director — Date