

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000119021

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** BRETT E FRIEDENBURG INSURANCE INC.

**Current Principal Place of Business:**

13121 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

7871 AMBLESIDE WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

13121 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**FEI Number:** 11-3757819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDENBURG, BRETT E  
7871 AMBLESIDE WAY  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

FRIEDENBURG, BRETT E  
9438 EQUUS CIRCLE  
BOYNTON BEACH, FL 33472 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:** BRETT E FRIEDENBURG

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** FRIEDENBURG, BRETT E.  
**Address:** 9438 EQUUS CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33472

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:** BRETT E FRIEDENBURG

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date