2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146040

Entity Name: ROCKY POINT INSURANCE, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2701 N. ROCKY POINT DR. SUITE 200 3030 N ROCKY POINT DR W TAMPA, FL 33607

265

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

2701 N. ROCKY POINT DR. SUITE 200 3030 N ROCKY POINT DR W

TAMPA, FL 33607 TAMPA, FL 33607

FEI Number: 20-3712626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAW OFFICES OF CHRISTOPHER M. BOHNE, P.A. 2701 NORTH ROCKY POINT DRIVE SUITE 200

TAMPA, FL 33607 US HOUNCHELL & BOHNE, PLLC 3030 N ROCKY POINT DR W TAMPA, FL 33607 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: CHRISTOPHER BOHNE 04/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

BOHNE, CHRISTOPHER M Name: Name: FRANK, WILLS M 2701 N. ROCKY POINT DRIVE SUITE 200 3030 N ROCKY POINT DR W, SUITE #265 Address: Address:

TAMPA, FL 33607 City-St-Zip: City-St-Zip: TAMPA, FL 33607

Title: (X) Delete Title: () Change () Addition Name:

WILLS, FRANK M Name: 2701 N. ROCKY POINT DRIVE SUITE 200 Address: Address: City-St-Zip: TAMPA, FL 33607 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: FRANK M. WILLS P, D 04/28/2008