2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P06000003542

Entity Name: MCFADDEN INSURANCE SERVICES, INC.

Current Principal Place of Business:

2107 GUNN HWY
104
ODESSA, FL 33556

New Principal Place of Business:

18424 LIVINGSTON AVE
3
LUTZ, FL 33559

Current Mailing Address:

2107 GUNN HWY
104
ODESSA, FL 33556

New Mailing Address:

18424 LIVINGSTON AVE
3
LUTZ, FL 33559

FEI Number: 86-1156156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFADDEN, DAVID A
10407 LAKE GROVE DR.
ODESSA, FL 33556 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: DP
Name: MCFADDEN, DAVID A
Address: 10407 LAKE GROVE DR.
City-St-Zip: ODESSA, FL 33556

Title: DST
Name: MCFADDEN, CYNTHIA L
Address: 10407 LAKE GROVE DR.
City-St-Zip: ODESSA, FL 33556

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: DAVID MCFADDEN PRES 02/09/2012

Electronic Signature of Signing Officer or Director — Date