

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008922

FILED
Aug 23, 2007
Secretary of State

Entity Name: WOODBURN INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 KNUTH ROAD SUITE 132
BOYNTON BEACH, FL 33436

New Principal Place of Business:

200 KNUTH ROAD SUITE 112
BOYNTON BEACH, FL 33436

Current Mailing Address:

200 KNUTH ROAD SUITE 132
BOYNTON BEACH, FL 33436

New Mailing Address:

200 KNUTH ROAD SUITE 112
BOYNTON BEACH, FL 33436

FEI Number: 76-0815967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODBURN, CHAD B
200 KNUTH ROAD SUITE 132
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

WOODBURN, CHAD B
200 KNUTH ROAD SUITE 112
BOYNTON BEACH, FL 33436 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:

08/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODBURN, CHAD B
Address: 12020 SW ELSINORE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: WOODBURN, CRAIG L
Address: 12020 SW ELSINORE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODBURN, CHAD B
Address: 8168 SANDPIPER WAY
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D (X) Change () Addition
Name: WOODBURN, CRAIG L
Address: 11402 SW ROCKINGHAM DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: CHAD B WOODBURN

D

08/23/2007

Electronic Signature of Signing Officer or Director

Date