2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071505

Entity Name: KNIGHT INSURANCE OF SOUTH FLORIDA, INC.

FILED Feb 25, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

662 N.W. 119 STREET MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

662 N.W. 119 STREET MIAMI, FL 33168

FEI Number: 26-0385988 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:

COX, TRACE
390 N.E. 167TH STREET
6651 FALCONSGATE AVE

NORTH MIAMI BEACH, FL 33162 US DAVIE, FL 33331 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: TRACE COX 02/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: COX, TRACE Name: COX, TRACE

Address: 390 N.E. 167 STREET Address: 6651 FALCONSGATE AVE

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: DAVIE, FL 33331

Title: VPS () Delete Title: () Change () Addition

 Name:
 SHERSHEVSKY, LARRY
 Name:

 Address:
 3208 N.E. 40TH COURT
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33308
 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: TRACE COX P 02/25/2009