2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P07000077703

Entity Name: UNITED STATES INDIVIDUAL SURETY ASSOCIATION, INC.

Current Principal Place of Business:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

944 GLENWOOD STATION, SUITE 104
CHARLOTTESVILLE, VA 22901

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, MARK S
245 E VIRGINIA STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SCARBOROUGH, EDMUND C
Address: 6352 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: DIR ( ) Delete
Name: SCARBOROUGH, YVONNE
Address: 6352 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: DIR ( ) Delete
Name: GOLIA, STEVE
Address: 1814 EAST ROUTE 70
City-St-Zip: CHERRY HILL, NJ 08003 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SCARBOROUGH, EDMUND C
Address: 944 GLENWOOD STATION, SUITE 104
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: DIR (X) Change ( ) Addition
Name: SCARBOROUGH, YVONNE
Address: 944 GLENWOOD STATION, SUITE 104
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARK S. LEVINE REP 01/21/2009

Electronic Signature of Signing Officer or Director — Date