2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P07000104661

Entity Name: TARGA INSURANCE INC.

Current Principal Place of Business:

55 WESTON ROAD, SUITE 201
WESTON, FL 33326

New Principal Place of Business:

407 NE 8TH STREET
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

55 WESTON ROAD, SUITE 201
WESTON, FL 33326

New Mailing Address:

407 NE 8TH STREET
FORT LAUDERDALE, FL 33304 US

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

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 33326 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: D ( ) Delete
Name: MILLETTE, EDWIN M JR
Address: 55 WESTON ROAD, SUITE 201
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLETTE, EDWIN M. JR
Address: 407 NE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: V ( ) Change (X) Addition
Name: MILLETTE, EDWIN M.
Address: 407 NE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S ( ) Change (X) Addition
Name: MILLETTE, EDWIN M.
Address: 407 NE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T ( ) Change (X) Addition
Name: MILLETTE, EDWIN M.
Address: 407 NE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Change (X) Addition
Name: MILLETTE, EDWIN M.
Address: 407 NE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

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: EDWIN MILLETTE P 04/15/2009

Electronic Signature of Signing Officer or Director — Date