2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P07000126895

Entity Name: FRONTLINE INSURANCE INC.

Current Principal Place of Business:

1792 BELL TOWER LANE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1792 BELL TOWER LANE
WESTON, FL 33326

New Mailing Address:

FEI Number: 36-4622653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLERNON, ROBERT CPA, PA
3215 NW 10TH TERRACE
205
FT LAUDERDALE, FL 33309 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: PST ( ) Delete
Name: NEYSMITH, HOWARD E
Address: 3741 HERON RIDGE LN
City-St-Zip: WESTON, FL 33331

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: HARTY, ASTON W
Address: 9262 NW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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: HOWARD NEYSMITH P 03/04/2009

Electronic Signature of Signing Officer or Director — Date