2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P08000022047

Entity Name: LOYAL 2 U INSURANCE AGENCY, INC

Current Principal Place of Business:

5170 MARINER BLVD.
SPRING HILL, FL 346091802

New Principal Place of Business:

Current Mailing Address:

5170 MARINER BLVD.
SPRING HILL, FL 346091802

New Mailing Address:

FEI Number: 26-2180390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STAGNITTA, MARIA A
5170 MARINER BLVD.
SPRING HILL, FL 34609 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: VPS
Name: STAGNITTA, MARIA A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 346091802

Title: P
Name: TIGLAO, ROGELIO A
Address: 5170 MARINER BLVD.
City-St-Zip: SPRING HILL, FL 34609

Title: TREA
Name: STAGNITTA, MARIA A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 all other like empowered.

SIGNATURE: MARIA A STAGNITTA VPS 02/16/2011

Electronic Signature of Signing Officer or Director — Date