2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# P08000022148

Entity Name: A.E.L. INSURANCE, INC.

Current Principal Place of Business:

4025 W. WATERS AVENUE, STE. 113
TAMPA, FL 33614

New Principal Place of Business:

4011 N HIMES AVE
SUITE A
TAMPA, FL 33607

Current Mailing Address:

4009 N HIMES AVE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-2023494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TJAHJONO, SUKIRMAN
4025 W. WATERS AVENUE, STE. 113
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

TJAHJONO, SUKIRMAN
4011 N HIMES AVE
SUITE A
TAMPA, FL 33607 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: _____ 01/31/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: TJAHJONO, SUKIRMAN
Address: 4011 N HIMES AVE SUITE A
City-St-Zip: TAMPA, FL 33607

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: SUKIRMAN TJAHJONO P 01/31/2012
Electronic Signature of Signing Officer or Director — Date