2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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Entity Name: FIRST FAMILY INSURANCE, INC.

Current Principal Place of Business:

3507 LEE BLVD
STE 103
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

3507 LEE BLVD
STE 103
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 80-0159293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARRA, JASON A PRESIDE
15752 SUNNY CREST LANE
FORT MYERS, FL 33905 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: PRES
Name: MARRA, JASON A
Address: 15752 SUNNY CREST LANE
City-St-Zip: FORT MYERS, FL 33905 US

Title: TRES
Name: MARRA, JASON A
Address: 15752 SUNNY CREST LANE
City-St-Zip: FORT MYERS, FL 33905 US

Title: SEC
Name: MARRA, JASON A
Address: 15752 SUNNY CREST LANE
City-St-Zip: FORT MYERS, FL 33905 US

Title: DIR
Name: MARRA, JASON A
Address: 15752 SUNNY CREST LANE
City-St-Zip: FORT MYERS, FL 33905 US

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: JASON A MARRA PRES 04/26/2011

Electronic Signature of Signing Officer or Director Date