2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

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Entity Name: OCEANSIDE INSURANCE & RISK MANAGEMENT , INC.

Current Principal Place of Business:

185 E. INDIANTOWN RD., STE 111
JUPITER, FL 33477

New Principal Place of Business:

185 E. INDIANTOWN RD.
SUITE 111
JUPITER, FL 33477

Current Mailing Address:

185 E. INDIANTOWN RD., STE 111
JUPITER, FL 33477

New Mailing Address:

185 E. INDIANTOWN RD.
SUITE 111
JUPITER, FL 33477

FEI Number: 26-2819125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MASON J
9213 SUN TERRACE CIRCLE
SUITE D
PALM BEACH GARDENS, FL 33403 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: P
Name: WILLIAMS, MASON J
Address: 9213 SUN TERRACE CIRCLE #D
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VP
Name: WAGNER, JOHN C III
Address: 6627 WOODLAKE ROAD
City-St-Zip: JUPITER, FL 33458

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: MASON J. WILLIAMS P 03/16/2011

Electronic Signature of Signing Officer or Director — Date