2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ALLIED INSURANCE MANAGEMENT INC.

Current Principal Place of Business:

1617 SANTA BARBARA BLVD., STE. 1
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151447
CAPE CORAL, FL 339151447

New Mailing Address:

FEI Number: 26-3379367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, DAWN I
1617 SANTA BARBARA BLVD., STE. 1
CAPE CORAL, FL 33991 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, D
Name: FIELDS, DAWN I
Address: 2812 S.W. 20TH AVE.
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S, T
Name: FIELDS, DAWN I
Address: 2812 S.W. 20TH AVE.
City-St-Zip: CAPE CORAL, FL 33914 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: DAWN I FIELDS P 04/04/2012

Electronic Signature of Signing Officer or Director Date