2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088406

FILED Mar 31, 2011 Secretary of State

Entity Name: JOE MAGNETICO INSURANCE AGENCY INCORPORATED

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|--|-----------------------------|-------------------------------|---|--|
| 200 KNUTH RD SUITE 112 BOYNTON BEACH, FL 33 | 3436 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 200 KNUTH RD SUITE 112 BOYNTON BEACH, FL 33 | 3436 | | | |
| FEI Number: 94-3443241 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| PADGETT BUSINESS SEI 1700 N DIXIE HWY SUITE 100 BOCA RATON, FL FL 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: | | | | |
| Electronic | Signature of Registered Age | nt | Date | |
| | | | | |
| OFFICERS AND DIRECT | ORS: | | | |

Title:

Name: MAGNETICO, JOSEPH
Address: 200 KNUTH ROAD SUITE 112
City-St-Zip: BOYNTON BEACH, FL 33436

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: JOE MAGNETICO PRES 03/31/2011