2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P09000002254

Entity Name: EBELL INSURANCE SERVICES, INC.

Current Principal Place of Business:

581 SW GROVE AVENUE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

2671 SE CASTLE PINES PLACE
STUART, FL 34997

Current Mailing Address:

581 SW GROVE AVENUE
PORT ST. LUCIE, FL 34983

New Mailing Address:

2671 SE CASTLE PINES PLACE
STUART, FL 34997

FEI Number: 26-4023684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBELL, JAMES
581 SW GROVE AVENUE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

EBELL, JAMES
2671 SE CASTLE PINES PLACE
STUART, FL 34997 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: _____ 04/10/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: EBELL, JAMES
Address: 2671 SE CASTLE PINES PLACE
City-St-Zip: STUART, FL 34997

Title: D
Name: EBELL, JAMES
Address: 2671 SE CASTLE PINES PLACE
City-St-Zip: STUART, FL 34997

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: JAMES EBELL MR. 04/10/2012
Electronic Signature of Signing Officer or Director — Date