2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# P09000017348

Entity Name: HOSPITALITY INSURANCE PROGRAMS, INC.

Current Principal Place of Business:

25110 CHIPSHOT COURT
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

25110 CHIPSHOT COURT
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D
Name: HAGLE, CHRIS
Address: 25110 CHIPSHOT COURT
City-St-Zip: SORRENTO, FL 32776 US

Title: S, T
Name: HAGLE, CHRIS
Address: 25110 CHIPSHOT COURT
City-St-Zip: SORRENTO, FL 32776 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: CHRIS HAGLE PRES 04/12/2010

Electronic Signature of Signing Officer or Director — Date