2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# P09000026041

Entity Name: THE ROWE INSURANCE GROUP INC.

Current Principal Place of Business:

12443 SAN JOSE BLVD SUITE 402
JACKSONVILLE, FL 32223

New Principal Place of Business:

14985 OLD ST. AUGUSTINE RD.
SUITE 117
JACKSONVILLE, FL 32258

Current Mailing Address:

12443 SAN JOSE BLVD SUITE 402
JACKSONVILLE, FL 32223

New Mailing Address:

14985 OLD ST. AUGUSTINE RD.
SUITE117
JACKSONVILLE, FL 32258

FEI Number: 26-4507323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD
Name: ROWE, J.E.
Address: 14985 OLD ST. AUGUSTINE RD. SUITE 117
City-St-Zip: JACKSONVILLE, FL 32258

Title: V
Name: ROWE, JAN
Address: 14985 OLD ST. AUGUSTINE RD. SUITE117
City-St-Zip: JACKSONVILLE, FL 32258

Title: S
Name: POUND, ALLISON
Address: 14985 OLD ST AUGUSTINE RD. SUITE 117
City-St-Zip: JACKSONVILLE, FL 32258

Title: T
Name: POUND, KEVIN
Address: 14985 OLD ST. AUGUSTINE RD. SUITE 117
City-St-Zip: JACKSONVILLE, FL 32258

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: JAY E. ROWE PD 03/30/2011

Electronic Signature of Signing Officer or Director — Date