2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# P09070

Entity Name: SMALL BUSINESS INSURANCE AGENCY, INC.

Current Principal Place of Business:

542 MAIN STREET
WORCESTER, MA 016150022 US

New Principal Place of Business:

Current Mailing Address:

542 MAIN STREET
PO BOX 15022
WORCESTER, MA 016150022 US

New Mailing Address:

FEI Number: 04-2681269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	TD	( ) Delete
Name:	CARROLL, FRANCIS R	
Address:	11 HANCOCK HILL DRIVE	
City-St-Zip:	WORCESTER, MA 01609	
Title:	S	( ) Delete
Name:	GREENLAW, PATRICIA A	
Address:	664 BURNCOAT STREET	
City-St-Zip:	WORCESTER, MA 01606	
Title:	P	( ) Delete
Name:	CARROLL, BRIAN K	
Address:	10 PAUL REVERE RD	
City-St-Zip:	WORCESTER, MA 01609	
Title:	D	( ) Delete
Name:	CARROLL, THOMAS J	
Address:	5329 CALLA VISTA	
City-St-Zip:	SAN DIEGO, CA 92109	
Title:	D	( ) Delete
Name:	SOULE, CHARLES E	
Address:	7 WYNGATE RD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	D	( ) Delete
Name:	O'MALLEY, HUGH	
Address:	13810 SUTTON PARK DRIVE NORTH	
City-St-Zip:	JACKSONVILLE, FL 13810	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH KEYES MGR 05/21/2008

Electronic Signature of Signing Officer or Director — Date