2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P96000006442

Entity Name: 1ST DISCOUNT INSURANCE SERVICES INC

Current Principal Place of Business:

8927 HYPOLUXO ROAD
SUITE A5
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8927 HYPOLUXO ROAD
SUITE A5
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0627026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORLEY, WILLIAM H
8927 HYPOLUXO ROAD
SUITE A5
LAKE WORTH, FL 33467 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: PTD
Name: CORLEY, WILLIAM H
Address: 8927 HYPOLUXO ROAD SUITE A5
City-St-Zip: LAKE WORTH, FL 33467

Title: AS
Name: ALEMAN, DAYLI
Address: 8927 HYPOLUXO ROAD A5
City-St-Zip: LAKE WORTH, FL 33467

Title: S
Name: GALLAGHER, AILEEN M
Address: 8927 HYPOLUXO ROAD SUITE A5
City-St-Zip: LAKE WORTH, FL 33467

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: AILEEN M. GALLAGHER S 04/19/2012

Electronic Signature of Signing Officer or Director — Date