2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# P97000020073

Entity Name: GULFSTREAM AUTO INSURANCE, INC.

Current Principal Place of Business:

218 SOUTH US HWY ONE
SUITE 300
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

218 SOUTH US HWY ONE
SUITE 300
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0728365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASTEN, MARK J
10460 SE SILVER PALM WAY
TEQUESTA, FL 33469 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: PTD ( ) Delete
Name: MARTYN, III, CHARLES P
Address: 5332 PENNOCK POINT RD
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete
Name: KASTEN, MARK J
Address: 10460 SE SILVER PALM WAY
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete
Name: HUTCHINSON, TODD P
Address: 211 COLONY ROAD
City-St-Zip: JUPITER, FL 33469

Title: SD ( ) Delete
Name: SULLIVAN, PATRICIA W
Address: 653 CASTLE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: MARK J. KASTEN VP 02/21/2008

Electronic Signature of Signing Officer or Director — Date