2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# P97000030429

Entity Name: FLORIDA INSURANCE CONCEPTS, INC.

Current Principal Place of Business:

9156 S FED HWY
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1648 S.E. PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

9156 S FED HWY
PORT SAINT LUCIE, FL 34952

New Mailing Address:

1648 S.E. PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

FEI Number: 59-3439619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BESSETTE, DAVID L
9156 S FED HWY
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

BESSETTE, DAVID L
1648 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

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: 03/01/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BESSETTE, DAVID L
Address: 5155 NW PALMETTO AVE
City-St-Zip: FT PIERCE, FL 34982

Title: STD
Name: PASS, KATHERINE
Address: 3057 SE GALT CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34984

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: KATHERINE PASS TREA 03/01/2011
Electronic Signature of Signing Officer or Director — Date