2007 FOR PROFIT CORPORATION

Apr 30, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P97000091371** E.S. BRIGLIO INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 5718 HOLLYWOOD BLVD 5718 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P CR2E034 (11/05) 04072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRIGLIO, ES DO NOT WRITE 5718 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000746810 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/16/07-80083-024 OFFICERS AND DIRECTORS 10. PST TITLE BRIGLIO, E A NAME STREET ADDRESS 5718 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

SIGNATURE:.

NAME STREET ADDRESS CITY-ST-ZIP

Eugene Briglio

FILED