2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# P97000095726

Entity Name: MIKE CAMPBELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

41 TWIN LAKES RD
LAKE PLACID, FL 33852

New Principal Place of Business:

948 W. HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009

Current Mailing Address:

41 TWIN LAKES RD
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0792888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, MIKE
948 W. HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

CAMPBELL, MIKE
41 TWIN LAKES RD
LAKE PLACID, FL 33852 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: _____ 01/23/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: CAMPBELL, MIKE
Address: 41 TWIN LAKES
City-St-Zip: LAKE PLACID, FL 33852

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: MIKE CAMPBELL D 01/23/2012
Electronic Signature of Signing Officer or Director — Date