2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED **DOCUMENT # P99000039913** Mar 19, 2007 08:00 AM **Secretary of State** TARDONIA INSURANCE, INC. Principal Place of Business Malling Address 4 HICKORY HILL RD. 4 HICKORY HILL RD. TEQUESTA, FL 33469 TEQUESTA, FL 33469 03102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0917358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TARDONIA, THOMAS DO NOT WRITE 4 HICKORY HILL RD. TEQUESTA, FL 33469 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TTLE NAME TARDONIA, THOMAS N STREET ADDRESS 4 HICKORY HILL RD CITY-ST-ZIP TEQUESTA, FL 33469 TITLE 000000672649 03/28/07-80078-002 150.00 NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

changed, or on an attachment with an address SIGNATURE:

CITY-ST-ZIP