2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P99000060424

Entity Name: PARTNERS INSURANCE ENTERPRISES, INC.

Current Principal Place of Business:

5058 NW 116TH AVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

4900 LEITNER DRIVE WEST
CORAL SPRINGS, FL 33067

Current Mailing Address:

5058 NW 116TH AVE
CORAL SPRINGS, FL 33076

New Mailing Address:

4900 LEITNER DRIVE WEST
CORAL SPRINGS, FL 33067

FEI Number: 65-0948880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: P ( ) Delete
Name: SKOLNICK, MICHAEL
Address: 5058 NW 116TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SKOLNICK, MICHAEL
Address: 4900 LEITNER DRIVE WEST
City-St-Zip: CORAL SPRINGS, FL 33067

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: MICHAEL SKOLNICK P 01/22/2009

Electronic Signature of Signing Officer or Director — Date