No. C 197410		Due no later than Feb 28, 2015		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOWDEN INSURANCE SERVICES, INC. TRACY KEILL 3745 CHEROKEE ST STE 701 KENNESAW GA 30144						
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Tre	easurer (op	otional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
rreasurer tracy e kej		FILL	2640 GOLDEN GATE PKWY SUI	TE 115	NAPLES	FL	USA	34105
DIRECTOR	JUSTIN A TWEEDIE		2640 GOLDEN GATE PKWY SUI	ΠΕ 115 Ι	NAPLES	FL	USA	34105
DIRECTOR	TRACY E KEILL		2640 GOLDEN GATE PKWY SUI	ΠΕ 115 Ι	NAPLES	FL	USA	34105
PRESIDENT JUSTIN A TWEED		WEEDIE	2640 GOLDEN GATE PKWY SUI	ΠΕ 115 Ι	NAPLES	FL	USA	34105
SECRETARY	TRACY E KE	EILL	2640 GOLDEN GATE PKWY SUI	ITE 115	NAPLES	FL	USA	34105
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
N		Signature: Tracy Keill			Date: 03/11/2015			
C 197410		Name (type or print): Tracy Keill			Title: Secretary			
Processed 03/11/2015		* Electronically provided signatures are accepted as original signatures.						