


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 579031**  
1. Entity Name  
**INSURADYNE CORP.**



Principal Place of Business 755 RINEHART ROAD P.O. BOX 958402 LAKE MARY, FL 32795-5402	Mailing Address 755 RINEHART ROAD P.O. BOX 958402 LAKE MARY, FL 32795-5402
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-0761784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SILL, STEPHEN M**  
755 RINEHART RD  
LAKE MARY, FL 32746

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SILL, STEPHEN M 5300 S. 360 W. - SUITE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIST, SCOTT M 7 WANDERWOOD WAY SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITTENDEN, CHARLES 2334 FILMORE AVE OGDEN, UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, HOWARD C 1782 E FAUNSDALE DR SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIST, G. ROBERT 5300 S. 360 W. - SUITE 200 SALT LAKE CITY, UT 84123

U00000618294  
02/08/07-80024-003 150.00

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12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

**SIGNATURE:** *Diana C. Olson* **DIANA C. OLSON** *1-26-07* **(801) 264-1060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT/CONTROLLER Date Daytime Phone #