2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# H31891

Entity Name: INSURANCE OFFICE OF AMERICA, INC.

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162207
ALTAMONTE SPRINGS, FL 327162207 US

New Mailing Address:

FEI Number: 59-2472656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, THOMAS P.
111 N. ORANGE AVE, SUITE 1200
ORLANDO, FL 32801 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: DP ( ) Delete
Name: RITENOUR, JOHN K.,
Address: 2165 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: MANFRE, MARK
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: SCALISE, TOM
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: LODWICK, DAVID
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: MAKI, DAVE
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCOVANNER, WESLEY
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change ( ) Addition
Name: BERTHELSEN, BRUCE
Address: 2839 PACES FERRY RD SUITE 1200
City-St-Zip: ATLANTA, GA 30339

Title: D (X) Change ( ) Addition
Name: MAKI, DAVID
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN K. RITENOUR DP 02/13/2007

Electronic Signature of Signing Officer or Director — Date