2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# P05000146071

Entity Name: V.I.V. INSURANCE, INC.

Current Principal Place of Business:

135 STEEPLECHASE DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

135 STEEPLECHASE DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

P.O. BOX 370
CRESTVIEW, FL 32536

FEI Number: 20-3709611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEREDITH, VIVIAN
135 STEEPLECHASE DRIVE
CRESTVIEW, FL 32539 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: MEREDITH, VIVIAN
Address: 135 STEEPLECHASE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete
Name: MEREDITH, VIVIAN
Address: 135 STEEPLECHASE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete
Name: MEREDITH, VIVIAN
Address: 135 STEEPLECHASE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete
Name: MEREDITH, VIVIAN
Address: 135 STEEPLECHASE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VIVIAN MEREDITH P 04/18/2006

Electronic Signature of Signing Officer or Director — Date