


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 025 ***150.00

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| DOCUMENT # 480440 1. Entity Name INSURANCE PROFESSIONALS CORPORATION |  |
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| Principal Place of Business 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713 | Mailing Address 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713 |
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60029835



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| 2. Principal Place of Business 523 South 59th ST Suite, Apt. #, etc. | 3. Mailing Address 1384 - 54th AVE NE Suite, Apt. #, etc. |
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01042006 Chg-P CR2E034 (11/05)

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|----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State St Petersburg FL | City & State St Petersburg FL | 4. FEI Number 59-1660848 | Applied For Not Applicable |
| Zip 33707 | Country USA | Zip 33703 | Country USA |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WINEBRENNER, JACK M. 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th AVE NE City St Petersburg FL Zip Code 33703 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WINEBRENNER, JACK M. <input checked="" type="checkbox"/> Delete 1384 54TH AVE. NE ST.PETERSBURG, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WINEBRENNER, WENDY <input type="checkbox"/> Delete 1384 54TH AVE. NE ST.PETERSBURG, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Roberta Bastie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 523 South 59th St St Petersburg FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Helen Bastie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 317 NE 36th AVE Suite #5 Ocala FL 34470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Wendy Winebrenner Wendy Winebrenner 4/20/06 727/327-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #