2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# 569797

Entity Name: MEDICARE INSURANCE SERVICE, INC.

Current Principal Place of Business:

8181 N.W. 36TH ST
#6D
MIAMI, FL 33166 US

New Principal Place of Business:

8181 N.W. 36TH ST
#25A
MIAMI, FL 33166 US

Current Mailing Address:

P. O. BOX 520603
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-1820930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LILIA J.
8181 N.W. 36TH ST.
#25D
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GONZALEZ, LILIA J.
8181 N.W. 36TH ST.
#25A
MIAMI, FL 33166 US

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: _____ 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, LILIA J.,
Address: 8181 N.W. 36TH ST., #25D
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, LILIA J.,
Address: 8181 N.W. 36TH ST., #25A
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: LILIA J. GONZALEZ P 04/27/2007
Electronic Signature of Signing Officer or Director — Date