2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# 667651

Entity Name: INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2911 OLD WINTER GARDEN RD
OCOEE, FL 37761

New Principal Place of Business:

2715 OLD WINTER GARDEN RD
OCOEE, FL 34761

Current Mailing Address:

P.O. BOX 1040
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 58-1396030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, COLIN F
395 BRUNO DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

GALLOWAY, COLIN F
395 BRASSIE DR
LONGWOOD, FL 32750 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: _____ 04/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: FERGUSON, FRANK B
Address: 4547 SOMERSET SLARES CT
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete
Name: GALLOWAY, COLIN F
Address: 395 BRUNO DR
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: GALLOWAY, LAURA M
Address: 395 BRUNO DR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: FERGUSON, FRANK B
Address: 4547 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: P (X) Change ( ) Addition
Name: GALLOWAY, COLIN F
Address: 395 BRASSIE DR
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition
Name: GALLOWAY, LAURA M
Address: 395 BRASSIE DR
City-St-Zip: LONGWOOD, FL 32750

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: COLIN F GALLOWAY PRES 04/06/2006
Electronic Signature of Signing Officer or Director — Date