2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001392

Entity Name: INSUREX. INC

City-St-Zip:

HOUSTON, TX 77079

FILED May 03, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	Y FREEWAY N, TX 77079	, STE 160			
Current Mailing Address:			New Mailing Address:		
	Y FREEWAY N, TX 77079	, STE 160			
FEI Number:	76-0440927	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1201 HAYS		IT SOLUTIONS INC 01 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C (HAMILTON, KU 1160 THOUSAI HERNANDO, M	ND OAKS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BYRD, TAMMY	REEWAY STE 160	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BYRD, TAMMY) Delete ′ J REEWAY STE 160	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: TAMMY J BYRD P 05/03/2005