2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# F05000005523

Entity Name: INSURANCE PRODUCERS OF AMERICA AGENCY, INC.

Current Principal Place of Business:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

New Mailing Address:

FEI Number: 20-3537019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 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: DIR ( ) Delete
Name: NAUERT, PETER
Address: 4929 WEST ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: VP ( ) Delete
Name: OWENS, MICHAEL
Address: 4929 WEST ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: P ( ) Delete
Name: PERTILE, RICK
Address: 4929 WEST ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: DIR ( ) Delete
Name: STUART, IAN
Address: 4929 WEST ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: DIR ( ) Delete
Name: PERTILE, RICK
Address: 4929 WEST ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP/S ( ) Change (X) Addition
Name: GROVES, MARTIN
Address: 4929 WEST ROYAL LANE, 2ND FL
City-St-Zip: IRVING, TX 75063

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: RICK PERTILE PRES 01/16/2008

Electronic Signature of Signing Officer or Director — Date