


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # G53681 1. Entity Name HMS INSURANCE AGENCY, INC.	
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Principal Place of Business 1625 NW 136TH AVE SUITE 200 FORT LAUDERDALE, FL 33323 US	Mailing Address P O BOX 551540 FT LAUDERDALE, FL 33355--154 US
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DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2388171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUDGES, ROBERT
 1625 NW 136TH AVE
 SUITE 200
 FORT LAUDERDALE, FL 33323

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000680925
 04/04/07-80021-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLK, HOWARD L 1625 NW 136TH AVE SUITE 210 FT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDGES, ROBERT 1625 NW 136TH AVE SUITE 210 FT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, DIETRICH 1625 NW 136TH AVE SUITE 210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, SIDNEY D 1625 NW 136TH AVE SUITE 210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, JEFFREY C 1625 NW 136TH AVE SUITE 210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert Judges 3/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #