## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H32773

FILED Apr 22, 2008 Secretary of State

Entity Name: INSURANCE PRODUCERS ALLIANCE, INC.

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Jurrent P	rincipal Plac	e of Business:		New Princ	cipai Place (	of Business:	
4360 NOR SUITE #21	THLAKE BLV 1	/D					
		NS, FL 33410	US				
Current M	lailing Addre	ess:		New Maili	ing Address	<b>::</b>	
	THLAKE BLV	/D					
SUITE #21 PALM BEA		NS, FL 33410	US				
	: 59-2469951	FEI Number A		FEI Number Not App	licable ( )	Certificate of St	atus Desired ( )
vame and	Aaaress Of	Current Regist	erea Agent:	Name and	ı Adaress O	f New Registered	u Agent:
	(, WILLIAM J THLAKE BLV						
SUITE 211							
ALIVI BUT	1 GARDENS,	, FL 33410 US					
			stamont for the r	urnoce of changing	its reaistered	d office or register	ed agent, or both
	named entity e of Florida.	/ submits this sta	atement for the p	dipose of changing			
n the State	e of Florida.	/ submits this sta	atement for the p	dipose of changing			
n the State	e of Florida. RE:	y submits this sta				Date	
n the State	e of Florida. RE: Electro		Registered Age			Date	
n the State	e of Florida. RE: Electro	onic Signature of ng Trust Fund Cor	Registered Age	ent		Date S TO OFFICERS	S AND DIRECTO
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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: BERNADETTE BOROSAK VD 04/22/2008