

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H32773

FILED
May 13, 2008
Secretary of State**Entity Name:** INSURANCE PRODUCERS ALLIANCE, INC.**Current Principal Place of Business:**4360 NORTHLAKE BLVD
SUITE #211
PALM BEACH GARDENS, FL 33410 US**New Principal Place of Business:**33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501 US**Current Mailing Address:**4360 NORTHLAKE BLVD
SUITE #211
PALM BEACH GARDENS, FL 33410 US**New Mailing Address:**33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501 US**FEI Number:** 59-2469951**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOROSAK, WILLIAM J JR
4360 NORTHLAKE BLVD.
SUITE 211
PALM BCH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 323014 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: LYNN CANNELONGO

05/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: BOROSAK, WILLIAM J JR
Address: 4360 NORTHLAKE BLVD., STE. 211
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: TD () Delete
Name: BOROSAK, ROSEMARY D,
Address: 4360 NORTHLAKE BLVD., STE. 211
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: PDS () Delete
Name: BOROSAK, JR. WILLIAM
Address: 4360 NORTHLAKE BLVD., STE. 211
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: BOROSAK, BERNADETTE
Address: 4360 NORTHLAKE BLVD STE 211
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SKIFF, THOMAS A
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

Title: VPD (X) Change () Addition
Name: PITBLADDO, RICHARD
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

Title: VPD (X) Change () Addition
Name: DINSMORE, MARK
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

Title: VPAS (X) Change () Addition
Name: SCHMEDLEN, DANIEL G JR.
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

Title: T () Change (X) Addition
Name: YOST, DAVID
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

Title: S () Change (X) Addition
Name: TAYLOR, NANCY
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501 US

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: /S/ DANIEL G. SCHMEDLEN, JR.

VPAS

05/13/2008

Electronic Signature of Signing Officer or Director

Date