2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# H46507

Entity Name: THE ASSOCIATION OF INSURANCE SCHOLARS, INC.

Current Principal Place of Business:

883 S. EUCALYPTUS STREET
SEBRING, FL 338703719 US

New Principal Place of Business:

Current Mailing Address:

883 S. EUCALYPTUS STREET
SEBRING, FL 338703719 US

New Mailing Address:

FEI Number: 59-2521339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, HILDA F
883 S EUCALYPTUS ST
SEBRING, FL 338703719 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: P ( ) Delete
Name: KISER, KATHERINE W
Address: 883 S. EUCALYPTUS STREET
City-St-Zip: SEBRING, FL 338703719 US

Title: VPST ( ) Delete
Name: TUCKER, HILDA F
Address: 883 S. EUCALYPTUS STREET
City-St-Zip: SEBRING, FL 338703719 US

Title: VPD ( ) Delete
Name: TAYLOR, DEBORAH L
Address: 2860 NORTHEAST 23RD AVENUE
City-St-Zip: LIGHTHOUSE PT., FL 33064

Title: VP\D ( ) Delete
Name: KISER, JOHN R
Address: 883 S. EUCALYPTUS ST
City-St-Zip: SEBRING, FL 33870

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HILDA F TUCKER VPST 01/24/2006

Electronic Signature of Signing Officer or Director — Date