

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K07169

FILED
Oct 20, 2005
Secretary of State**Entity Name:** INSURANCE NETWORK SPECIALTIES, INC.**Current Principal Place of Business:**1801 N PINE ISLAND RD.
200
FORT LAUDERDALE, FL 33322 US**New Principal Place of Business:**1801 N PINE ISLAND RD.
SUITE 200
PLANTATION, FL 33322 US**Current Mailing Address:**1801 N PINE ISLAND RD.
200
FORT LAUDERDALE, FL 33322 US**New Mailing Address:**1801 N PINE ISLAND RD.
SUITE 200
PLANTATION, FL 33322 US**FEI Number:** 65-0018302**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DE LA COVA, JOAQUIN
1801 N PINE ISLAND RD.
STE. 200
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**HELLMER, VIVIAN D
1801 N PINE ISLAND RD.
SUITE 200
PLANTATION, FL 33322 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: VIVIAN D. HELLMER

10/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DE LA COVA, JOAQUIN,
Address: 1801 N PINE ISLAND RD., #200
City-St-Zip: FORT LAUDERDALE, FL 33322

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HELLMER, VIVIAN D
Address: 9151 NW 42ND COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST () Change (X) Addition
Name: RATH, SUZANNE M
Address: 9959 NW 14TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Change (X) Addition
Name: HELLMER, MICHAEL R
Address: 9151 NW 42ND COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Change (X) Addition
Name: RATH, TIMOTHY L
Address: 9959 NW 14TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIVIAN D. HELLMER

P

10/20/2005

Electronic Signature of Signing Officer or Director

Date