## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K07169

FILED Apr 17, 2007 Secretary of State

Entity Name: INSURANCE NETWORK SPECIALTIES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NE ISLAND RD.				
SUITE 200		LIC			
PLANTAT	ION, FL 33322	US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
1801 N PII	NE ISLAND RD.				
SUITE 200		HO			
PLANTAT	ION, FL 33322	US			
FEI Number	: 65-0018302	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1801 N PII SUITE 200	I, VIVIAN D NE ISLAND RD. ) ION, FL 33322				
	•		purpose of changing its register	red office or registered agent, or both,	
	e of Florida. ´				
	e of Florida.				
in the State	e of Florida. RE:	c Signature of Registered Ac	ent	 Date	
in the State	e of Florida.  RE: Electroni	c Signature of Registered Ac	ent	Date	
in the State SIGNATUI	e of Florida.  RE: Electroni	Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI  Election Car  OFFICER	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	Trust Fund Contribution ( ).	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	Trust Fund Contribution ( ).  ORS:  Delete			
in the State SIGNATUI  Election Car  OFFICER  Title: Name:	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT  P ()	Trust Fund Contribution ( ).  CORS:  Delete  AN D	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
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in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip:	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT  P () I  HELLMER, VIVIA  9151 NW 42ND CORAL SPRING	Trust Fund Contribution ( ).  ORS:  Delete  N D  COURT S, FL 33065	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
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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: VIVIAN HELLMER PRES 04/17/2007