

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K07169

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE NETWORK SPECIALTIES, INC.

**Current Principal Place of Business:**

1700 N. UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 N. UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 65-0018302      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELLMER, VIVIAN MANAGER  
1700 N. UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS, FL 33071 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

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** HELLMER, VIVIAN MANAGER  
**Address:** 1700 N. UNIVERSITY DRIVE SUITE 110  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** CEO  
**Name:** DE LA COVA, JOAQUIN  
**Address:** 447 LAKEVIEW DRIVE  
**City-St-Zip:** WESTON, FL 33326 US

I hereby 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 all other like empowered.

SIGNATURE: JOAQUIN DE LA COVA

CEO

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date