

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46895

FILED
Apr 10, 2007
Secretary of State

Entity Name: INSURANCE WORLD FRANCHISOR, INC.

Current Principal Place of Business:

830 NW 13 STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

830 NW 13 STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-2918935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZY, VICTOR JR
830 NW 13TH STREET
GAINESVILLE, FL 32601 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: VP () Delete
Name: SMITH, STEPHEN M.,
Address: 1147 N HALIFAX DR.
City-St-Zip: DAYTONA BCH., FL

Title: S/T () Delete
Name: HAZY, VICTOR,
Address: 830 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL

Title: P () Delete
Name: DOBRY, HAL,
Address: 10 MARTINIQUE COVE
City-St-Zip: PALM BCH GARDENS, FL

Title: VP () Delete
Name: MALONE, JAMES M.,
Address: 2635 DUPONT AVENUE
City-St-Zip: JACKSONVILLE, FL

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: VICTOR HAZY

Electronic Signature of Signing Officer or Director

TREA

04/10/2007

_____ Date