2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73055

FILED Apr 18, 2007 Secretary of State

Entity Name: PERSONALIZED INSURANCE PLANNERS, INC.

Current Principal Place of Business: New Principal Place of Business:

4700 SHERIDAN ST. 207 HOLIDAY DRIVE

BLDG. J HALLANDALE BEACH, FL 33009 US HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

4700 SHERIDAN ST. P.O.BOX 2368

BLDG. J HALLANDALE BEACH, FL 330082368 US HOLLYWOOD, FL 33021 US

FEI Number: 65-0101965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NATELSON, SHERYL
4700 SHERIDAN ST.
BLDG. J

NATELSON, ROBERTA
207 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009 US

BLDG. J HALLANDALE BEACH, FL 33009 U HOLLYWOOD, FL 33021 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: ROBERTA NATELSON 04/18/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST ()Delete Title: ()Change ()Addition

Name:NATELSON, ROBERTA,Name:Address:207 HOLIDAY DRIVEAddress:City-St-Zip:HALLANDALE, FLCity-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: ROBERTA NATELSON DST 04/18/2007