2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060694

Entity Name: INSURANCE STRATEGIES GROUP, LLC

FILED Jul 16, 2007 Secretary of State

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

664 CANBY CIRCLE 8853 COMMODITY CIRCLE OCOEE, FL 34761

SUITE 5

ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

664 CANBY CIRCLE 8853 COMMODITY CIRCLE OCOEE, FL 34761

SUITE 5

ORLANDO, FL 32819

ADDITIONS/CHANGES:

FEI Number: 51-0586268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COLE, WILLIAM E 8853 COMMODITY CIR STE 5 ORLANDO, FL 32819

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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change () Addition () Delete

COLE, WILLIAM E Name: Name: COLE, WILLIAM E Address: 4970 LAZY OAKS WAY Address: 8853 COMMODITY CIRCLE, SUITE 5

City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip: ORLANDO, FL 32819

() Delete Title: MGR Title: () Change () Addition

PASSARELLI, JAMES A Name: Name: Address: 8850 COMMODITY CIR STE 5 Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM E COLE 07/16/2007