2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# M01000001200

Entity Name: DISABILITY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

1297A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Principal Place of Business:

Current Mailing Address:

1297A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Mailing Address:

FEI Number: 06-1466211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
2750 OLD ST. AUGUSTINE ROAD
UNIT N 145
TALLAHASSEE, FL 32301 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: _____ 01/20/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOSSI JR, WILLIAM J
Address: 120 KIMBERLY RD
City-St-Zip: EAST GRANBY, CT 06026

Title: MGRM ( ) Delete
Name: VERNEY, ARTHUR J
Address: 36 ABBOTT RD
City-St-Zip: ELLINGTON, CT 06029

ADDITIONS/CHANGES:

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 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: ARTHUR J. VERNEY MGRM 01/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date