


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M17718
 1. Entity Name
INSURANCE MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address
3155 N.W. 77 AVE. **3155 N.W. 77 AVE.**
MIAMI, FL 33122 US **MIAMI, FL 33122 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2572605 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NAON, ALBERTO
3155 N.W. 77 AVE.
MIAMI, FL 33122

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	ESPIN, ROBERTO JR
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	DV
NAME	WALTON, KEVIN T
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	STAR, WILLIAM
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	JACKSON, SHAUN
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	TS
NAME	ALDULAIMI, RACHAEL
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	CLARK, JOHN
STREET ADDRESS	3155 N.W. 77 AVE.
CITY-ST-ZIP	MIAMI, FL 33122

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 01/23/06-80027-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rachael Aldulaimi Date: 1/9/06 Daytime Phone #: (305) 716-6009

Rachael Aldulaimi