


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M17718 7. Entity Name INSURANCE MANAGEMENT SERVICES, INC.	
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Principal Place of Business 3155 N.W. 77 AVE. MIAMI, FL 33122 US	Mailing Address 3155 N.W. 77 AVE. MIAMI, FL 33122 US
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2572605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating). DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000680383
 04/03/07-80076-003 150.00

10. OFFICERS AND DIRECTORS

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

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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: *Alberto Naon* 2/27/07 305-716-6009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #