


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 003 ****61.25

DOCUMENT # N94000006171 1. Entity Name INSURANCE PROFESSIONALS OF ST. PETERSBURG, INC.					
Principal Place of Business 1159 QUEEN ST CLEARWATER, FL 33756			Mailing Address P.O. BOX 60442 ST PETERSBURG, FL 33784-0442		
2. Principal Place of Business - No P.O. Box # 11101 Roosevelt Blvd, North Suite, Apt. #, etc.		3. Mailing Address P.O. Box 33012 Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-6152191	
Zip 33716		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUGAN, LEANN C/O INS. RESOURCES LLC 6620 1ST AVE S ST PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name Sharon Christensen Street Address (P.O. Box Number is Not Acceptable) 11101 Roosevelt Blvd. North City St. Petersburg FL Zip Code 33716		
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 <u><i>Sharon Christensen</i></u> DATE <u>6/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOURANGEAU, MONA 1159 QUEEN ST. CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Denise Inland 13246 38th St. North Clearwater, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUGAN, LEEANN 6620 1ST AVE S ST PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kristina Cameron 9600 Koger Blvd, Suite 225 St. Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIO, SHARON P.O. BOX 60442 ST. PETERSBURG, FL 33784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christensen, Sharon 11101 Roosevelt Blvd. North St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TERRI 15950 BAY VISTA DR STE 250 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 505 Belcher Rd, Ste 101 Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, LAURIE 17757 US HWY 19 N #470 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Laurie Carpenter 310 Seneca Falls Drive Apollo Beach, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, PAULA 4640 TOWER HILL LANE #2324 SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evelyn Ortiz 2000 Bayport Dr., Suite 700 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 617, 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: <u><i>Sharon Christensen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6/21/08</u> (800) 727-5234, ext 4247 <small>Date Daytime Phone</small>		

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