

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005887

FILED
Mar 30, 2007
Secretary of State

Entity Name: TODD O. PHILLIPS INSURANCE CONSULTING, INC.

Current Principal Place of Business:

570 MEMORIAL CIRCLE
STE 200
ORMOND BEACH, FL 32174

New Principal Place of Business:

570 MEMORIAL CIRCLE
SUITE 200
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 730968
ORMOND BEACH, FL 321730968

New Mailing Address:

FEI Number: 59-3627246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROTTY, KATHLEEN L
1800 W INTERNATIONAL SPEEDWAY BLVD
BLDG 2 STE 201
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PHILLIPS, TODD O
Address: 570 MEMORIAL CIRCLE STE 5200
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PHILLIPS, TODD O
Address: 570 MEMORIAL CIRCLE, SUITE 200
City-St-Zip: ORMOND BEACH, FL 32174

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD O. PHILLIPS

PS

03/30/2007

Electronic Signature of Signing Officer or Director

Date