2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P00000019135 1. Entity Name 04-26-2007 90209 026 ***150.00 D & D INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 22145 BELLA LAGO DRIVE 22145 BELLA LAGO DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 22158 Bella LAGO Drive 22158 Bella LAGO Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 2101 City & State City & State 4. FEI Number Applied For 65-0993008 Buca Raton FL RATON FL BOCA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33433 33433 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINBERG, EDWARD J 2101 S. WAVERLY PL., STE, 200 E Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 City Zip Code 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 SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ШЩ ☐ Delete TITLE Change KINBERG, DONNA KINBERG, DONNA 22158 BELLA LAGO Dr. #2101 NAME NAME 7558 SOLIMAR CIR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-7IP CITY ST-ZIP BOCA RATON, FL 33433 [☐ Delete ☐ Change ☐ Addition DILE THILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIE Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP ☐ Change ☐ Addition THIE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR Date

FILED