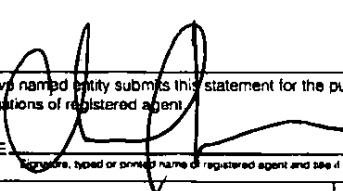
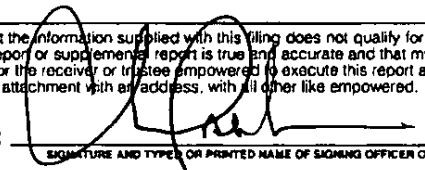


FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90181 016 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000098352			
1. Entity Name INSIGHTS SERVICE CORPORATION			
Principal Place of Business 1501 9TH AVENUE EAST TAMPA, FL 33605		Mailing Address 1501 9TH AVENUE EAST TAMPA, FL 33605	
(2) Principal Place of Business - No P.O. Box # 14742 Lake Magdalene Cir		(3) Mailing Address 14742 Lake Magdalene Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL 33613		City & State Tampa, FL 33613	
Zip 33613		Country USA	
4. FEI Number 59-3677008		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
8. Name and Address of Current Registered Agent BROWN, CHRISTOPHER H. G 1501 9TH AVENUE EAST TAMPA, FL 33605		7. Name and Address of New Registered Agent CHRISTOPHER BROWN 14742 Lake Magdalene Cir Tampa, FL 33613	
9. 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: 5-16-2007	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D BROWN, CHRISTOPHER H. G 1501 9TH AVENUE EAST TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change 14742 Lake Magdalene Cir Tampa, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D BROWN, DENISE 1501 9TH AVENUE EAST TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY - ST - ZIP Change 14742 Lake Magdalene Cir Tampa, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RUSSELL, RICHARD D 3201 BAY VISTA AVENUE TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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 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: 		DATE: 5-16-2007	