2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007905

Entity Name: INSURANCE DATA SERVICES, INC.

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

311 ALTAMONTE COMMERCE BLVE 100 S. EOLA DRIVE

STE 1602 #903

ALTAMONTE SPRINGS, FL 32714 ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

P O BOX 917329 P O BOX 2351

LONGWOOD, FL 32791 ORLANDO, FL 32802 US

FEI Number: 30-0023423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BILL, BERT L
P O BOX 917329
BILL, BERT L
100 S. EOLA DRIVE

LONGWOOD, FL 32791 US #903 ORLANDO, FL 32801 US

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: 02/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 BILL, BERT L PRES
 Name:
 BILL, BERT L PRES

 Address:
 505 VIA DELL ORO DR, #105
 Address:
 100 S. EOLA DRIVE, #903

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ORLANDO, FL 32801 US

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: BERT L. BILL PRES 02/02/2006