2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# P02000118145

Entity Name: INDEPENDENT INSURANCE SOLUTIONS, INC

Current Principal Place of Business:

16048 SAN CARLOS BLVD.
UNIT 3
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16048 SAN CARLOS BLVD.
UNIT 3
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 36-4512071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYNNS, JOHANNA
16048 SAN CARLOS BLVD
UNIT 3
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

WYNNS, JOHANNA
11731 ISLE OF PALMS DRIVE
FORT MYERS BEACH, FL 33931 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: JOHANNA WYNNS 01/29/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: WYNNS, JOHANNA
Address: 16048 SAN CARLOS BLVD.
City-St-Zip: UNIT 3, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: WYNNS, JOHANNA
Address: 11731 ISLE OF PALMS DRIVE
City-St-Zip: FT. MYERS BEACH, FL 33931

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: JOHANNA WYNNS PRES 01/29/2007
Electronic Signature of Signing Officer or Director — Date