2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P03000032608

Entity Name: STANNARD INSURANCE, INC.

Current Principal Place of Business:

3650 SE COUNTRY CLUB TERRACE #8
STUART, FL 34996

New Principal Place of Business:

2144 SE COUNTRY CLUB LANE
STUART, FL 34996

Current Mailing Address:

3650 SE COUNTRY CLUB TERRACE #8
STUART, FL 34996

New Mailing Address:

2144 SE COUNTRY CLUB LANE
STUART, FL 34996

FEI Number: 20-0858117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANNARD, DONALD
3650 SE COUNTRY CLUB TERRACE #8
STUART, FL 34996 US

Name and Address of New Registered Agent:

STANNARD, DONALD
2144 SE COUNTRY CLUB LANE
STUART, FL 34996 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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STANNARD, DONALD
Address: 3650 SE COUNTRY CLUB TERRACE #8
City-St-Zip: STUART, FL 34996

Title: STD ( ) Delete
Name: STANNARD, CHERYL L
Address: 3650 SE COUNTRY CLUB TERRACE #8
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STANNARD, DONALD
Address: 2144 SE COUNTRY CLUB LANE
City-St-Zip: STUART, FL 34996

Title: STD (X) Change ( ) Addition
Name: STANNARD, CHERYL L
Address: 2144 SE COUNTRY CLUB LANE
City-St-Zip: STUART, FL 34996

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: CHERYL L STANNARD STD 04/25/2006
Electronic Signature of Signing Officer or Director — Date