2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# P04000020530

Entity Name: INVESTORS PROPERTY INSURANCE, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-0682442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD
STE 101
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KANAGA, RYAN Z
Address: 2755 BORDERLAKE DR
City-St-Zip: APOPKA, FL 32703

Title: ST (X) Delete
Name: KANAGA, RICK
Address: 2755 BORDER LAKE RD., STE. 101
City-St-Zip: APOPKA, FL 327034885

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: KANAGA, RYAN Z
Address: 2755 BORDER LAKE DR
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RYAN Z. KANAGA O 03/29/2007

Electronic Signature of Signing Officer or Director — Date