

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112626

FILED  
May 24, 2007  
Secretary of State

Entity Name: INSURANCE ADVISORS GROUP, INC.

## Current Principal Place of Business:

2355 NE OCEAN BOULEVARD  
# 35-B  
STUART, FL 349962945 US

## New Principal Place of Business:

5952 NW FAVIAN AVE  
PORT ST LUCE, FL 34986 US

## Current Mailing Address:

2355 NE OCEAN BOULEVARD  
# 35-B  
STUART, FL 349962945 US

## New Mailing Address:

5952 NW FAVAIN AVE  
PORT ST LUCE, FL 34986 US

FEI Number: 76-0764550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERCIASEPE, BRIAN  
2355 NE OCEAN BLVD  
#35-B  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

PERCIASEPE, BRIAN  
5952 NW FAVAIN AVE  
PORT ST LUCE, FL 34986 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:

05/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PERCIASEPE, BRIAN MR  
Address: 2355 NE OCEAN BOULEVARD # 35-B  
City-St-Zip: STUART, FL 349962945 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PERCIASEPE, BRIAN MR  
Address: 5952 NW FAVAIN AVE  
City-St-Zip: PORT ST LUCE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN PERCIASEPE

D

05/24/2007

Electronic Signature of Signing Officer or Director

Date