2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P04000127231

Entity Name: SENIOR SOLUTIONS FOR INSURANCE NEEDS INC.

Current Principal Place of Business:

16970-3 SAN CARLOS BLVD SUITE 147
FT MYERS, FL 33908

New Principal Place of Business:

5370 PARK ROAD, #1
FT MYERS, FL 33908

Current Mailing Address:

16970-3 SAN CARLOS BLVD SUITE 147
FT MYERS, FL 33908

New Mailing Address:

5370 PARK ROAD #1
FT MYERS, FL 33908

FEI Number: 43-2061254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD ( ) Delete
Name: BARAD, LESLIE
Address: 16970-3 SAN CARLOS BLVD SUITE 147
City-St-Zip: FT MYERS, FL 33908

Title: T ( ) Delete
Name: RAE, JAQUELYN M
Address: 16970-3 SAN CARLOS BLVD SUITE 147
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARAD, LESLIE
Address: 5370 PARK ROAD, #!
City-St-Zip: FT MYERS, FL 33908

Title: T (X) Change ( ) Addition
Name: RAE, JAQUELYN M
Address: 5370 PARK ROAD #1
City-St-Zip: FT MYERS, FL 33908

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: BARAD, LESLIE PD 04/21/2006

Electronic Signature of Signing Officer or Director — Date