2006 FOR PROFIT CORPORATION

Jul 17, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000170501 1. Entity Name FINANCIAL INSIGHTS AND SOLUTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 488 P.O. BOX 488 PALM BEACH, FL 33480 PALM BEACH, FL 33480 No Chg-P CR2E034 (11/05) 07132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3713121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOORAKIAN, DANIEL ESQ. DO NOT WRITE 625 NORTH FLAGLER DR., 9TH FLOOR WEST PALM BEACH, FL 33401 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME RUGGERI, DENNIS 625 NORTH FLAGLER DR., STE. 508 STREET ADDRESS CiTY-ST-ZIP WEST PALM BEACH, FL 33401 U00000570496 07/17/06-80004-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment.

SIGNATURE:

CITY-SI-ZIP DILE NAME STREET ADDRESS CITY-ST-7IP

FILED