2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P05000035038

Entity Name: INSURANCE MARKETING SPECIALIST - WEST, INC.

Current Principal Place of Business:

1231 LANE AVE S
SUITE 17
JACKSONVILLE, FL 32205

New Principal Place of Business:

1233 LANE AVE S
SUITE 17
JACKSONVILLE, FL 32205

Current Mailing Address:

1231 LANE AVE S
SUITE 17
JACKSONVILLE, FL 32205

New Mailing Address:

1233 LANE AVE S
SUITE 17
JACKSONVILLE, FL 32205

FEI Number: 20-2454462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, THOMAS R
1550 LANE AVE S
SUITE 4
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CHAPMAN, THOMAS R
1233 LANE AVE S
SUITE 17
JACKSONVILLE, FL 32205 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: _____ 04/29/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAPMAN, THOMAS R
Address: 1233 LANE AVE S, SUITE 17
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP
Name: CHAPMAN, LAUREN
Address: 1233 LANE AVE. S. SUITE 17
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: LAUREN CHAPMAN VP 04/29/2011
Electronic Signature of Signing Officer or Director — Date