

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073193

FILED
Apr 10, 2007
Secretary of State

Entity Name: INSURANCE WORLD LICENSOR, INC

Current Principal Place of Business:

830 NW 13 STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

830 NW 13 STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-4176178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZY, VICTOR S/T
830 NW 13 STREET
GAINESVILLE, FL 32601 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: VP () Delete
Name: ENLOW, LOWELL M
Address: 413 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LUCAS, STEVEN W
Address: 214 TIMBERCOVE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: MALONE, JAMES M
Address: 1907 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: SMITH, STEPHEN
Address: 566 INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32014

Title: PRES () Delete
Name: DOBRY, HAL
Address: 10 MARTINIQUE COVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S/T () Delete
Name: HAZY, VICTOR
Address: 830 NW 13 STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: VICTOR HAZY

TREA

04/10/2007

Electronic Signature of Signing Officer or Director

Date