2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P05000120667

Entity Name: FLORIDA INSURANCE CONSULTING, INC.

Current Principal Place of Business:

175 CENTRAL AVE. S.
BARTOW, FL 33830 US

New Principal Place of Business:

113 EAST MAIN STREET
SUITE 5
BARTOW, FL 33830 US

Current Mailing Address:

PO BOX 2681
BARTOW, FL 338312681

New Mailing Address:

FEI Number: 20-3394445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, OSWALD F
2161 COUNTY ROAD 540A
122
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

LOPEZ, OSWALD F
113 EAST MAIN STREET
SUITE 5
LAKELAND, FL 33813 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: OSWALD F. LOPEZ 04/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPEZ, OSWALD F
Address: 2161 COUNTY RD. 540A, #122
City-St-Zip: LAKELAND, FL 33813 US

Title: VP ( ) Delete
Name: LOPEZ, MARCIA N
Address: 2161 COUNTY RD. 540A #122
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, OSWALD F
Address: P.O. BOX 2681
City-St-Zip: BARTOW, FL 33831 US

Title: VP (X) Change ( ) Addition
Name: LOPEZ, MARCIA N
Address: P.O. BOX 2681
City-St-Zip: BARTOW, FL 33831 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: OSWALD F. LOPEZ P 04/24/2007
Electronic Signature of Signing Officer or Director Date