

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153779

FILED
Jul 11, 2006
Secretary of State

Entity Name: INSURANCE SERVICES & PHOTOS INC

Current Principal Place of Business:

3070 MAPLEWOOD RD
PUNTA GORDA, FL 33982

New Principal Place of Business:

28200 BERMONT RD
APT 9B
PUNTA GORDA, FL 33982

Current Mailing Address:

3070 MAPLEWOOD RD
PUNTA GORDA, FL 33982

New Mailing Address:

28200 BERMONT RD
APT 9B
PUNTA GORDA, FL 33982

FEI Number: 20-3847908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ANDREA M
3070 MAPLEWOOD RD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

WILLIAMS, ANDREA M
28200 BERMONT RD
APT 9B
PUNTA GORDA, FL 33982 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: ANDREA M WILLIAMS

07/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, ANDREA M
Address: 3070 MAPLEWOOD RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: VP () Delete
Name: HARRELL, PHYLLIS J
Address: 340 DOW RD
City-St-Zip: PORT CHARLOTTE, FL 33954 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, ANDREA M
Address: 28200 BERMONT RD APT 9B
City-St-Zip: PUNTA GORDA, FL 33982 US

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: ANDREA M WILLIAMS

P

07/11/2006

Electronic Signature of Signing Officer or Director

Date