2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P05000159983

Entity Name: INSURANCE MASTERS, INC.

Current Principal Place of Business:

11865 SW 26 STREET
SUITE C-41
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11865 SW 26 STREET
SUITE C-41
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-4117154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURDUNJI, MICHAEL
2750 NE 183 STREET, #1102
AVENTURA, FL 33160 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: P ( ) Delete
Name: DURDUNJI, MICHAEL
Address: 2750 NE 183 STREET, #1102
City-St-Zip: AVENTURA, FL 33160

Title: S ( ) Delete
Name: OHAN, GRACIELA
Address: 4341 SW 102 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL DURDUNJI P 03/20/2009

Electronic Signature of Signing Officer or Director — Date