2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000002697

Entity Name: SENIORS INSURANCE SERVICES, INC.

Current Principal Place of Business:

8359 BEACON BLVD.
SUITE 317
FORT MYERS, FL 33907

New Principal Place of Business:

4914 BANNING STREET
LEHIGH ACRES, FL 33971

Current Mailing Address:

P.O.BOX 60832
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 20-4063493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIPOLITO, JOEL S SR.
8359 BEACON BLVD.
SUITE 317
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HIPOLITO, JOEL S SR.
4914 BANNING ST.
LEHIGH ACRES, FL 33971 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: 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIPOLITO, JOEL S SR.
Address: 8359 BEACON BLVD. SUITE 317
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete
Name: HIPOLITO, DEBORAH J
Address: 8359 BEACON BLVD. SUITE 317
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HIPOLITO, JOEL S SR.
Address: 4914 BANNING ST.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change ( ) Addition
Name: HIPOLITO, DEBORAH J
Address: 4914 BANNING ST.
City-St-Zip: LEHIGH ACRES, FL 33971

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: JOEL S. HIPOLITO, SR. P 04/27/2007
Electronic Signature of Signing Officer or Director — Date