2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# P06000048684

Entity Name: WESTWARD INSURANCE SERVICES, INC.

Current Principal Place of Business:

931 ORIOLE AVENUE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

931 ORIOLE AVENUE
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, MAYLIN
931 ORIOLE AVENUE
MIAMI SPRINGS, FL 33166 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, JOSE
Address: 931 ORIOLE AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ, MAYLIN
Address: 931 ORIOLE AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Change (X) Addition
Name: PEREZ, JOSE
Address: 931 ORIOLE AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

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: MAYLIN PEREZ PD 05/30/2007

Electronic Signature of Signing Officer or Director — Date