2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# P06000140593

Entity Name: SNL INSURANCE, INC.

Current Principal Place of Business:

500 W. CYPRESS CREEK ROAD
STE. 250
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

4976 N. PINE ISLAND ROAD
LAUDERHILL, FL 33351 US

Current Mailing Address:

500 W. CYPRESS CREEK ROAD
STE. 250
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

4976 N. PINE ISLAND ROAD
LAUDERHILL, FL 33351 US

FEI Number: 20-5847513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESCAILLE, SUZANNE
500 W. CYPRESS CREEK ROAD
STE. 250
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

LESCAILLE, SUZANNE
4976 N. PINE ISLAND ROAD
LAUDERHILL, FL 33351 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: 03/20/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LESCAILLE, SUZANNE
Address: 6010 NW 72ND CT.
City-St-Zip: PARKLAND, FL 33067 US

Title: VP ( ) Delete
Name: LESCAILLE, NICOLAS
Address: 6010 NW 72ND CT.
City-St-Zip: PARKLAND, FL 33067 US

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 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: SUZANNE LESCAILLE P 03/20/2007
Electronic Signature of Signing Officer or Director — Date