2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P07000009302

Entity Name: INSURANCE SOLUTIONS OF WEST FLORIDA, INC.

Current Principal Place of Business:

10024 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Principal Place of Business:

40347 U.S. HIGHWAY 19 NORTH
115
TARPON SPRINGS, FL 34689

Current Mailing Address:

10024 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Mailing Address:

40347 U.S. HIGHWAY 19 NORTH
115
TARPON SPRINGS, FL 34689

FEI Number: 20-8827457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COVIELLO, ELIZABETH J
10024 REGENCY PARK BLVD
PORT RICHEY, FL 34668 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: COVIELLO, ELIZABETH J
Address: 10024 REGENCY PARK BLVD.
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete
Name: BEASLEY, RONALD L
Address: 10024 REGENCY PARK BLVD.
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COVIELLO, ELIZABETH J
Address: 40347 US HIGHWAY 19 NORTH, #115
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Change ( ) Addition
Name: BEASLEY, RONALD L
Address: 40347 US HIGHWAY 19 NORTH, #115
City-St-Zip: TARPON SPRINGS, FL 34689

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: ELIZABETH J. COVIELLO P 03/25/2009

Electronic Signature of Signing Officer or Director — Date