2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# P07000009302

Entity Name: INSURANCE SOLUTIONS OF WEST FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

11009 AUSTIN CT.
NEW PORT RICHEY, FL 34654

Current Mailing Address:

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

New Mailing Address:

11009 AUSTIN CT.
NEW PORT RICHEY, FL 34654

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:

COVIELLO, ELIZABETH J
11009 AUSTIN CT.
NEW PORT RICHEY, FL 34654 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: 03/28/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: COVIELLO, ELIZABETH J
Address: 11009 AUSTIN CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH J. COVIELLO P 03/28/2011

Electronic Signature of Signing Officer or Director — Date