2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 08:00 Al Secretary of State DOCUMENT # P96000003356 1. Entity Name INSURANCE AND FINANCIAL ADVISORS, INC. Principal Place of Business Mailing Address **752 WEATHERSFIELD DRIVE** 752 WEATHERSFIELD DRIVE DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US 02082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3430759 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUMBERG, ALLEN 752 WEATHERSFIELD DR DUNEDIN, FL 34698 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RUMBERG, ALLEN NAME STREET ADDRESS 752 WEATHERSFIELD DR. CITY-ST-ZIP DUNEDIN, FL 34698 U00000711385 04/26/07±80005±003 150.00 FITTE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. THED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-S1-7IP

SIGNATURE