2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# P96000066222

Entity Name: HOME BUILDERS INSURANCE SERVICES, INC.

Current Principal Place of Business:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3427506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, ALAN G
50 N. LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HOWARD, ALAN G
208 N. LAURA STREET
SUITE 800
JACKSONVILLE, FL 32202 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: 03/14/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PETWAY, THOMAS F III
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: FERGUSON, LEE
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: PETWAY, ELIZABETH
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: FALLOON, NANCY
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: CASTRANOVA, ROBERT
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: EMANS, CHRISTOPHER F
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER F. EMANS D 03/14/2006
Electronic Signature of Signing Officer or Director — Date