2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077932

Entity Name: INSTITUTE OF INSURANCE, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14611 N KENDALL DRIVE L-408 2350 W. 84TH STREET MIAMI, FL 331868022 US

SUITE 5,

HIALEAH, FL 330165574 US

Current Mailing Address: New Mailing Address:

14611 N KENDALL DRIVE L-408 2350 W. 84TH STREET

SUITE 5, MIAMI, FL 331868022 US

HIALEAH, FL 330165574 US

FEI Number: 65-0700001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOCH, NORMAN R KOCH, NORMAN R 11720 S.W. 110TH LANE 7279 W. 24TH AVENUE MIAMI, FL 331863922 US APT. 243 HIALEAH, FL 33016 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: NORMAN R. KOCH 04/20/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition KOCH, NORMAN R Name: Name: KOCH, NORMAN R

14611 N KENDALL DRIVE L-408 7279 W. 24TH AVENUE, APT. 243 Address: Address:

City-St-Zip: MIAMI, FL 331868022 City-St-Zip: HIALEAH, FL 33016

Title: Title: VΡ (X) Change () Addition () Delete

Name: KOCH, HAYDEE R Name: KOCH, HAYDEE R

14611 N KENDALL DRIVE L-408 Address: 7279 W. 24TH AVENUE, APT. 243 Address:

City-St-Zip: MIAMI, FL 331868022 HIALEAH, FL 33016 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMAN R. KOCH **PRES** 04/20/2005