

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035042

FILED
Apr 05, 2005
Secretary of State

Entity Name: INSURANCE ANSWERS, INC.

Current Principal Place of Business:

7892 N SOUTHWOOD CIRCLE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19107
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0841154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: DP () Delete
Name: BATISTA, HAROLD
Address: P.O. BOX 19107 N/A
City-St-Zip: PLANTATION, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BATISTA, HAROLD J
Address: P.O. BOX 19107 N/A
City-St-Zip: PLANTATION, FL 33318

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: HAROLD BATISTA

DP

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date