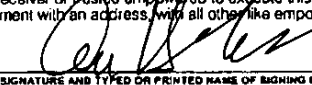


FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90099 013 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000064708			
1. Entity Name INDEPENDENT INSURANCE, INC.			
Principal Place of Business 1076 SUNSET STRIP SUNRISE, FL 33313 US		Mailing Address 1076 SUNSET STRIP SUNRISE, FL 33313 US	
2. Principal Place of Business - No P.O. Box 6827 SUNSET STRIP		3. Mailing Address 6827 SUNSET STRIP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE		City & State SUNRISE	
Zip 33313		Country BROWARD	
4. FEI Number 65-0770803		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLED, ANN 1076 SUNSET STRIP SUNRISE, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 954-583-7100 Signature, typed or printed name of registered agent & fee file if applicable. (NOTE: Registered Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D SOLED, ANN C PRES 1076 SUNSET STRIP SUNRISE, FL 33313		6827 SUNSET STRIP	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		5/19/2007 954-583-7100 Date Daytime Phone	