2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jan 11, 2007 08:00 AM **Secretary of State** DOCUMENT # P97000093125 1. Entity Name TRUCK INSURANCE SPECIALIST, INC. Principal Place of Business Mailing Address 3200 FLIGHTLINE DRIVE 3200 FLIGHTLINE DRIVE SUITE 202 SUITE 202 LAKELAND, FL 33811 US LAKELAND, FL 33811 No Chg-P CR2E034 (11/05) 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3481820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRCHEN, RICHARD F DO NOT WRITE 500 N. WESTSHORE BOULEVARD SUITE 520 IN THIS SPACE TAMPA, FL 33609 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, 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 OFFICERS AND DIRECTORS 10. CEO TITLE KIRCHEN, RICHARD F STREET ADDRESS 500 NORTH WESTSHORE BOULEVARD SUITE 520

TAMPA, FL 33609 CITY-ST-ZIP VP TITLE NAME CAMPANO, E. LUIS 3200 FLIGHTLINE DRIVE SUITE 202 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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DO NOT WRITE IN THIS SPACE

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR