2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 02, 2008
Secretary of State

DOCUMENT# P98000033320

Entity Name: LOULIAS INSURANCE SERVICES, INC.

Current Principal Place of Business:

6346 WESTCHESTER CLUB DR N
BOYNTON BEACH, FL 33437

New Principal Place of Business:

7110 NW 4TH AVE
BOCA RATON, FL 33487

Current Mailing Address:

6346 WESTCHESTER CLUB DR N
BOYNTON BEACH, FL 33437

New Mailing Address:

8633 NICHOLS WAY
NORTH RICHLAND HILLS, TX 76180

FEI Number: 65-0830640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOULIAS, BARBARA
6346 WESTCHESTER CLUB DR N
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

LOULIAS, BARBARA
7110 NW 4TH AVE
BOCA RATON, FL 33487 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: 01/02/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LOULIAS, BARBARA
Address: 6346 WESTCHESTER CLUB DR N
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: LOULIAS, BARBARA
Address: 7110 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA LOULIAS PSTD 01/02/2008
Electronic Signature of Signing Officer or Director — Date