2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P99000028102 04-10-2006 90327 028 ***158.75 1. Entity Name ILS INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 20027197 2331 BELLEAIR RD. 2331 PELLEAIR RD. CLEARWATER, FL-33764 SUITE F CLEARWATER, FL 33764 3. Mailing Address 2. Principal Place of Business 2331 Belleair Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E034 (11/05) Cha-F Suite F City & State 4. FEI Number Applied For City & State Clearwater 59-3567282 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33764 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Donald W. West TRAYLOR, PAT Street Address (P.O. Box Number is Not Acceptable) 2331 BELLEAIR ROAD CLEARWATER; FL -33764 2331 Belleair Road, Suite F Clearwater Zip Code 33764 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 pegistered agent. Donald W. West March 31, 2006 SIGNATURE__ Signature, typed or printed name of registered agent and title if applicable (NOTE, Reuistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Ð P/T Addition Delete TITLE ☐ Change TITLE TRAYLOR, PAT NAME Cooper, Torrey K. STREET ADDRESS 2991 BELLEAIR RD. STREET ADDRESS 2331 Belleair Road GLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33764 Delete Change TITLE VP/S ☐ Addition TITLE HARGETT, BEVERLY West, Donald W. NAME NAME 2331 Belleair Road STREET ADDRESS 2331 BELLEAIR RD. STREET ADDRESS CITY-ST-789 GLEARWATER, FL 33764 CITY-ST-ZIP Clearwater, FL 33764 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 1 TLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 of 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 AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

March 31, 2006

727/410-7795

FILED