2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# S17998

Entity Name: INVESTMENT UNDERWRITERS INSURANCE GROUP, INC.

Current Principal Place of Business:

9000 SHERIDAN ST
SUITE 108
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

9000 SHERIDAN ST
SUITE PMB14
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

9000 SHERIDAN ST
SUITE 108
PEMBROKE PINES, FL 33024 US

New Mailing Address:

9000 SHERIDAN ST
SUITE PMB14
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0242597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAULT, KEITH A.
9000 SHERIDAN ST
SUITE 108
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

NAULT, KEITH A.
9000 SHERIDAN ST
SUITE PMB14
PEMBROKE PINES, FL 33024 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: _____ 04/20/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: NAULT, KEITH A.,
Address: 9000 SHERIDAN ST. #108
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete
Name: NAULT, NANCY
Address: 9000 SHERIDAN ST. #108
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete
Name: NAULT, KEITH A
Address: 9000 SHERDIAN ST. #108
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: NAULT, KEITH A.,
Address: 9000 SHERIDAN ST SUITE PMB14
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change ( ) Addition
Name: NAULT, NANCY
Address: 9000 SHERIDAN ST SUITE PMB14
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change ( ) Addition
Name: NAULT, KEITH A
Address: 9000 SHERDIAN ST SUITE PMB14
City-St-Zip: PEMBROKE PINES, FL 33024

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: KEITH NAULT P 04/20/2004
Electronic Signature of Signing Officer or Director — Date