2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# V34933

Entity Name: IFS INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

8295 N MILITARY TRL
SUITE E
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

7711 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

8295 N MILITARY TRL
SUITE E
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

7711 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0327755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEMENTELLI, ALLISON L.
8295 N MILITARY TRL
SUITE E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SEMENTELLI, ALLISON L.
7711 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 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: _____ 08/23/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: SEMENTELLI, ALLISON, L.
Address: 1010 VIA JARDIN
City-St-Zip: PALM BEACH GDNS, FL 33418

Title: DCM ( ) Delete
Name: SEMENTELLI, ALLISON L.
Address: 1010 VIA JARDIN
City-St-Zip: PALM BCH. GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON SEMENTELLI PVTS 08/23/2006
Electronic Signature of Signing Officer or Director — Date