

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53967

FILED
Feb 08, 2006
Secretary of State

Entity Name: INNOVATIVE INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

5461 UNIVERSITY DRIVE
STE 103
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

5461 UNIVERSITY DRIVE
STE 103
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0346699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFRANCO, THOMAS J
10271 NW 62ND DRIVE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

DEFRANCO, THOMAS J
7095 NW 127TH WAY
PARKLAND, FL 33076 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: TRACY A. DEFRANCO 02/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DEFRANCO, THOMAS J
Address: 10271 N.W. 62ND DRIVE
City-St-Zip: PARKLAND, FL 33076

Title: VTD () Delete
Name: DEFRANCO, TRACY A
Address: 10271 N.W. 62ND DRIVE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: DEFRANCO, THOMAS J
Address: 7095 NW 127TH WAY
City-St-Zip: PARKLAND, FL 33076

Title: VTD (X) Change () Addition
Name: DEFRANCO, TRACY A
Address: 7095 NW 127TH WAY
City-St-Zip: PARKLAND, FL 33076

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: TRACY A. DEFRANCO VP 02/08/2006

Electronic Signature of Signing Officer or Director Date