

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61111

FILED
Feb 06, 2009
Secretary of State

Entity Name: INSURANCE INFORMATION SERVICES, INC.

Current Principal Place of Business:

2811 N.E. 46 STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2811 N.E. 46 STREET
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

2811 NE 46 STREET
LIGHTHOUSE POINT, FL 33064

FEI Number: 65-0355387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBOUR, WILLIAM J.
2811 N.E. 46 STREET
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

ARBOUR, WILLIAM J PRES
2811 N.E. 46 STREET
LIGHTHOUSE POINT, FL 33064 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: WILLIAM J. ARBOUR

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARBOUR, WILLIAM J.,
Address: 2811 N.E. 46 STREET
City-St-Zip: LIGHTHOUSE POINT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARBOUR, WILLIAM J PRES
Address: 2811 N.E. 46 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: WILLIAM J. ARBOUR

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date