


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 579031
1. Entity Name
INSURADYNE CORP.



Principal Place of Business 755 RINEHART ROAD P.O. BOX 958402 LAKE MARY, FL 32795-5402	Mailing Address 755 RINEHART ROAD P.O. BOX 958402 LAKE MARY, FL 32795-5402
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DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0761784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILL, STEPHEN M
755 RINEHART RD
LAKE MARY, FL 32746

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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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SILL, STEPHEN M 5300 S. 360 W. - SUITE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIST, SCOTT M 7 WANDERWOOD WAY SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITTENDEN, CHARLES 2334 FILMORE AVE OGDEN, UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, HOWARD C 1782 E FAUNSDALE DR SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIST, G. ROBERT 5300 S. 360 W. - SUITE 200 SALT LAKE CITY, UT 84123

U00000321701
04/21/05-80087-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or 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: Diana C. [Signature] 4/13/05 (801) 264-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #