

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J25292

1. Entity Name
PPM INSURANCE SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 2424 N FEDERAL HWY SUITE 411 BOCA RATON, FL 33431 US | Mailing Address 2424 N FEDERAL HWY SUITE 411 BOCA RATON, FL 33431 US |
|--|--|

94043506



| | |
|--|--|
| 2. Principal Place of Business 7280 W. PALMETTO PK RD SUITE/Apt. #, etc. #203N | 3. Mailing Address 5970 S. W. 18th ST SUITE/Apt. #, etc. E1 #303 |
|--|--|

03112004 Chg-P CR2E034 (10/03)

| | |
|--------------------------------------|--------------------------------------|
| City & State Boca Raton FL | City & State Boca Raton FL |
| Zip 33433 | Country US |
| Zip 33433 | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2690902 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CAMPAGNA, DONALD J.
 2424 N FEDERAL HWY
 SUITE 411
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7280 W. PALMETTO PARK RD #203N
 City **Boca Raton** FL Zip Code **33433**

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, 2004 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 | PD CAMPAGNA, DONALD J. 2424 N FEDERAL HWY BOCA RATON, FL 33431 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7280 W. PALMETTO PARK RD #203N BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Donald J. Campagna 3/8/04 (561) 417-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #