2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020343

Entity Name: J-CAM INSURANCE CORP.

FILED Jul 28, 2004 Secretary of State

() Change () Addition

Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
7556 LAKE WORTH RD #102 LAKE WORTH, FL 33467		2790 N. MILITARY TRAIL # 8		
Current Mailing Address:		New Mailing Address:	,	
7556 LAKE WORTH RD #102 LAKE WORTH, FL 33467			2082 TARPON LAKE WAY WEST PALM BEACH, FL 33411	
FEI Number: 65-1140907	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
MERGAMAN, ALLEN 2082 TARPON LAKE W. WEST PALM BEACH, F	The state of the s			
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:				
Electronic Signature of Registered Agent		ent	Date	
	93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	

 Title:
 DP () Delete
 Title:

 Name:
 MERGAMAN, ALLEN
 Name:

 Address:
 2082 TARPON LAKE WAY
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33411
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLEN MERGAMAN DP 07/28/2004