2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90070 003 ***150.00

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1. Entity Name
ADVANCED INSURANCE COVERAGES, INC.

Principal Place of Business	Mailing Address
700 W HILLSBORO BLVD BLDG 3 STE 206 DEERFIELD BEACH, FL 33441	700 W HILLSBORO BLVD BLDG 3 STE 206 DEERFIELD BEACH, FL 33441

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0359075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERALD, PAMELA B 700 W HILLSBORO BLVD BLDG 3 STE 206 DEERFIELD BEACH, FL 33441	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUND, CURTIS 555 CORPORATE DR KALISPELL, MT 59901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lund, Curtis 555 Corporate DR Kalispell, MT 59901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, P. MICHAEL 555 CORPORATE DR KALISPELL, MT 59901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jones, P. Michael 555 Corporate DR Kalispell, MT 59901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, THERESA 555 CORPORATE DR KALISPELL, MT 59901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Johnston, Theresa 555 Corporate DR Kalispell, MT 59901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SATHER, ELAINE 555 CORPORATE DR KALISPELL, MT 59901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Sather, Elaine 555 Corporate DR Kalispell, MT 59901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERALD, PAMELA B 700 W HILLSBORO BLVD BLDG 3 STE 206 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Gerald, Pamela B. 700 W. Hillsboro Blvd. Bldg 3 Ste 206 Deerfield Beach, FL 33441	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Pamela B. Gerald 1/7/04 954-420-5860 Ext. 23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pamela B. Gerald