2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P03000123081

Entity Name: ADVANCED INSURANCE COVERAGES, INC.

Current Principal Place of Business:

455 FAIRWAY DRIVE
SUITE 102
DEERFIELD BEACH, FL 334411804

New Principal Place of Business:

Current Mailing Address:

455 FAIRWAY DRIVE
SUITE 102
DEERFIELD BEACH, FL 334411804

New Mailing Address:

FEI Number: 20-0359075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERALD, PAMELA B
455 FAIRWAY DRIVE
SUITE 102
DEERFIELD BEACH, FL 334411804 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUND, CURTIS
Address: 555 CORPORATE DR
City-St-Zip: KALISPELL, MT 59901

Title: VD ( ) Delete
Name: JONES, P. MICHAEL
Address: 555 CORPORATE DR
City-St-Zip: KALISPELL, MT 59901

Title: VD (X) Delete
Name: JOHNSTON, THERESA
Address: 555 CORPORATE DR
City-St-Zip: KALISPELL, MT 59901

Title: STD ( ) Delete
Name: SATHER, ELAINE
Address: 555 CORPORATE DR
City-St-Zip: KALISPELL, MT 59901

Title: VD ( ) Delete
Name: GERALD, PAMELA B
Address: 455 FAIRWAY DRIVE, SUITE 102
City-St-Zip: DEERFIELD BEACH, FL 334411804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: DILAURA, BARBARA
Address: 455 FAIRWAY DRIVE, SUITE 102
City-St-Zip: DEERFIELD BEACH, FL 334411804

Title: PD (X) Change ( ) Addition
Name: JONES, P. MICHAEL
Address: 555 CORPORATE DR
City-St-Zip: KALISPELL, MT 59901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA B. GERALD V 04/28/2006

Electronic Signature of Signing Officer or Director — Date