2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123081

GERALD, PAMELA B

455 FAIRWAY DRIVE, SUITE 102

DEERFIELD BEACH, FL 334411804

Name:

Address:

City-St-Zip:

Entity Name: ADVANCED INSURANCE COVERAGES, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 455 FAIRWAY DRIVE SUITE 102 DEERFIELD BEACH, FL 334411804 **New Mailing Address: Current Mailing Address:** 455 FAIRWAY DRIVE SUITE 102 DEERFIELD BEACH, FL 334411804 FEI Number: 20-0359075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERALD, PAMELA B 455 FAIRWAY DRIVE SUITE 102 DEERFIELD BEACH, FL 334411804 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DILAURA, BARBARA Name: Name: 455 FAIRWAY DRIVE, SUITE 102 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 334411804 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, P. MICHAEL Name: 555 CORPORATE DR Address: Address: KALISPELL, MT 59901 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition SATHER, ELAINE Name: Name: 555 CORPORATE DR Address: Address: City-St-Zip: KALISPELL, MT 59901 City-St-Zip: Title: VD () Delete Title: **EVPD** (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

GERALD, PAMELA B

455 FAIRWAY DRIVE, SUITE 102

DEERFIELD BEACH, FL 334411804

SIGNATURE: PAMELA B. GERALD EVP 01/04/2007