


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90029 010 \*\*\*150.00

**DOCUMENT # P04000132213**

1. Entity Name  
**3-D INSURANCE, INC.**



Principal Place of Business  
**2031 4TH STREET N  
 SUITE 11  
 ST. PETERSBURG, FL 33704 US**

Mailing Address  
**2031 4TH STREET N  
 SUITE 11  
 ST. PETERSBURG, FL 33704 US**

**50056454**



2. Principal Place of Business  
**4460 2ND AVE N**

3. Mailing Address  
**4460 2ND AVE N**

Suite, Apt. #, etc.

07112005 Chg-P CR2E034 (10/03)

City & State  
**ST PETERSBURG ST PETERSBURG**

Zip  
**33713 33713**

Country  
**PINELLAS PINELLAS**

4. FEI Number  
**050608603**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFFMAN, VICKY L  
 4460 2ND AVENUE N  
 ST. PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

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 *Vicky L Hoffman* DATE **7/15/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOFFMAN, VICKY L 4460 2ND AVENUE N ST. PETERSBURG, FL 33713</b>	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vicky L Hoffman* DATE: **7/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #