

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-16-2005 90045 032 \*\*\*150.00

DOCUMENT # P97000071536

1. Entity Name  
 AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business 1325 SNELL ISLE BLVD SUITE 211 ST PETERSBURG, FL 33704 US	Mailing Address 1325 SNELL ISLE BLVD SUITE 211 ST PETERSBURG, FL 33704 US
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66011582



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02162005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-3459912	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 Kevin Milkey  
 1325 Snell Isle Blvd., Ste 211  
 St. Petersburg, FL 33704

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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	CS <input type="checkbox"/> Delete
NAME	FASTEAU, MARC
STREET ADDRESS	151 WEST 86TH STREET
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	D <input type="checkbox"/> Delete
NAME	NASON, ROBERT
STREET ADDRESS	SEAVIEW HOUSE 70 SEAVIEW AVE.
CITY-ST-ZIP	STAMFORD, CT 069026040
TITLE	EVP <input type="checkbox"/> Delete
NAME	WILKEY, KEVIN R
STREET ADDRESS	605 14TH AVE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	DPT <input type="checkbox"/> Delete
NAME	AUER, JOHN F
STREET ADDRESS	1281 SNELL ISLE BLVD. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	D <input type="checkbox"/> Delete
NAME	HENDRICK, GREG
STREET ADDRESS	1 BERMUDIANA RD.
CITY-ST-ZIP	HAMILTON HM EX, BERMUDA,
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILKEY, KEVIN R.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: KEVIN R. MILKEY *Kevin Milkey* 3/8/05 727-891-8765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #