2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# P98000068992

Entity Name: THE INSURANCE CONSULTING GROUP, INC.

Current Principal Place of Business:

C/O JOSEPH TRANQUILLO
1452 GROVE CIRCLE CT.
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

C/O MITCH BRAUN
1452 GROVE CIRCLE CT.
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3526240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAUN, MITCHELL V
1452 GROVE CIRCLE COURT
CLEARWATER, FL 33755 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: D ( ) Delete
Name: TRANQUILLO, JOSEPH
Address: 1452 GROVE CIRCLE CT.
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: BRAUN, MITCHELL V
Address: 1452 GROVE CIRCLE COURT
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: MITCHELL V. BRAUN D 04/10/2005

Electronic Signature of Signing Officer or Director Date