


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000070522					
1. Entity Name AMANDA & RICHARD ALTMAN INSURANCE, INC.					
Principal Place of Business 13090 MANDARIN ROAD JACKSONVILLE FL 32223		Mailing Address 13090 MANDARIN ROAD JACKSONVILLE FL 32223			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3731753	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 ST 4TH FLOOR MIAMI FL 33145			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ALTMAN, AMANDA L 13090 MANDARIN ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCEO ALTMAN, RICHARD 13090 MANDARIN ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTMAN, RICHARD 13090 MANDARIN ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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: <u>Richard Altman - CEO</u>			Date: <u>4-18-05</u> Daytime Phone #: <u>904-386-9689</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)

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04/21/05-80024-010 150.00