

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 06, 2005  
Secretary of State**

DOCUMENT# P03000049092

Entity Name: SENIRAM INSURANCE, INC.

**Current Principal Place of Business:**

1900 HAVENDALE BLVD.  
SUITE C  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1388  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 58-2669780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

READ, JOHNNY M  
1539 AUBURN OAKS CIRCLE  
AUBURNDALE, FL 33823      US

**Name and Address of New Registered Agent:**

READ, JOHNNY M SR.  
103 OSCEOLA ST.  
AUBURNDALE, FL 33823      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: JOHNNY M. READ SR.      07/06/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P/S      ( ) Delete  
Name: READ, JOHNNY M  
Address: 1539 AUBURN OAKS CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

Title: V      ( ) Delete  
Name: READ, JOHNNY M JR  
Address: 718 LAKE ELOISE PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T      ( ) Delete  
Name: READ, LINDA F  
Address: 1539 AUBURN OAKI CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/S      (X) Change ( ) Addition  
Name: READ, JOHNNY M SR.  
Address: 103 OSCEOLA ST.  
City-St-Zip: AUBURNDALE, FL 33823

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: READ, LINDA F  
Address: 103 OSCEOLA ST.  
City-St-Zip: AUBURNDALE, FL 33823

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: JOHNNY M. READ SR.      P/S      07/06/2005  
Electronic Signature of Signing Officer or Director      Date