

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 617128

FILED
Jan 05, 2005
Secretary of State

Entity Name: AMERICAN INSURANCE COUNSELOR'S CORP.

Current Principal Place of Business:

10700 PARIS ST
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

10700 PARIS STREET
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 59-1903342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGURES, WILLIAM H
10700 PARIS STREET
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

FIGURES, WILLIAM H.
10700 PARIS STREET
COOPER CITY, FL 33026 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: WILLIAM H. FIGURES

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIGURES, WILLIAM H,
Address: 10700 PARIS ST.
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FIGURES, WILLIAM H.,
Address: 10700 PARIS ST.
City-St-Zip: COOPER CITY, FL 33026 US

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: WILLIAM H. FIGURES

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date