2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740798

Apr 29, 2005 Secretary of State

Entity Name: PALM BEACHES ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business: New Principal Place of Business:

1217 LAKE GENEVA DR LAKE WORTH, FL 334616043 US

Current Mailing Address: New Mailing Address:

P.O. BOX 151

City-St-Zip:

LAKE WORTH, FL 334600151 US

FEI Number: 59-1886967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JOHN, HEDLEY PERLMAN, RUSSELL CLTC 4170 BAHIA ISLE CIRCLE 1475 CENTREPARK BLVD, STE 220

WELLINGTON, FL 33467 US WEST PALM BEACH, FL 33401

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: RUSSELL PERLMAN 04/29/2005

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WEST PALM BEACH, FL 33401

PPD () Delete (X) Change () Addition

MONSMA, JOEL JOHN, HEDLEY Name: Name:

6650 WEST INDIANTOWN RD #100 Address: 4170 BAHIA ISLE CR Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete Title: (X) Change () Addition HEDLEY, JOHN Name: PERLMAN, RUSSELL CLTC Name: Address: 4170 BAHIA ISLE CIR Address: 1475 CENTREPARK BLVD, STE 220

Title: VD () Delete Title: (X) Change () Addition PERLMAN, RUSSELL HANES, DARLENE M CLU CHF Name: Name: 5681 NORTH POINTE LANE Address: 1475 CENTRE PARK BLVD #220 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR () Delete Title: TR (X) Change () Addition Name: WILCOX, DAVID Name: CARVALHO, JOE CFP CHF 800 VILLAGE SQUARE CROSSINGS #223 2500 NO MILITARY TRAIL #450 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: BOCA RATON, FL 33431

Title: () Delete Title: () Change (X) Addition

GAMELIN, CLAIRE Name: Name: 1217 LAKE GENEVA DRIVE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33461

Title: () Delete Title: () Change (X) Addition HATCHER, MARCUS CLU CHF Name: Name: Address: Address: 6159 LAKE WORTH RD, STE 1

LAKE WORTH, FL 33463 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CARVALHO TR 04/29/2005