


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90056 027 \*\*\*150.00

<b>DOCUMENT # 830709</b> 1. Entity Name <b>ARISTAR INSURANCE COMPAMY</b>	
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Principal Place of Business <b>HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US</b>	Mailing Address <b>HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US</b>
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**50032724**



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-2275299</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. 8900 GRAND OAK CIRCLE FORT LAUDERDALE, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

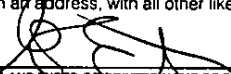
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVPS BURDITTY, JERRY T 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD GODDARD, RICHARD 8900 GRAND OAK CIR TAMPA, FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THURSTON, BEVERLY 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD WHITING, GARY E 8900 GRAND OAK CIR TAMPA, FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **Gary E. Whiting, Director** **Mar 23, 2005** **410-332-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #