

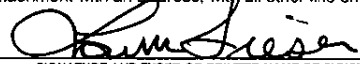


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 012 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # F01000006055 1. Entity Name HOWARD KAYE INSURANCE AGENCY, INC. | | | |  | |
| Principal Place of Business 5100 TOWN CENTER CIRCLE SUITE 440 TOWER II BOCA RATON, FL 33486 | | | Mailing Address C/O NATIONAL FINANCIAL PARTNERS CORP. 787 SEVENTH AVE. 49TH FL NEW YORK, NY 10019 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |  | |
| 01072005 Chg-P CR2E034 (10/03) | | | | 4. FEI Number 13-4043375 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 | PD KAYE, HOWARD S TOWN CENTER CIR STE 440 TWR II BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OLSON, STEPHANIE S 787 SEVENTH AVENUE, 49TH FLOOR NEW YORK, NY 10019 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HAMMOND, DOUGLAS W 787 SEVENTH AVENUE, 49TH FLOOR NEW YORK, NY 10019 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LEISER, LORI M 500 W MADISON SUITE 3660 2400 CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZUCCARO, ROBERT 787 SEVENTH AVE., 49TH FLR. 1100 FL NEW YORK, NY 10019 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAYE, BARRY 5100 TOWN CENTER CIR S 440 TWR II BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STN Hinkson, Malika 787 Seventh Ave, 11th Floor New York, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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:  Lori M. Lieyer 4-21-05 312-985-5700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |