

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006427

FILED
Jan 06, 2005
Secretary of State

Entity Name: ACTUARIAL RESOURCES CORPORATION OF GEORGIA, INC.

Current Principal Place of Business:

4080 MCGINNIS FERRY RD., SUITE 901
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

4080 MCGINNIS FERRY RD., SUITE 901
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2027420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACBAIN, JOHN
2753 STATE ROAD 580, SUITE 101
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAYRE, RALPH J
Address: 4080 MCGINNIS FERRY RD., SUITE 901
City-St-Zip: ALPHARETTA, GA 30005

Title: V () Delete
Name: SAYRE, KRISTIE K
Address: 4080 MCGINNIS FERRY RD., SUITE 901
City-St-Zip: ALPHARETTA, GA 30005

Title: V () Delete
Name: EGAN, JOSEPH E
Address: 4080 MCGINNIS FERRY RD., SUITE 901
City-St-Zip: ALPHARETTA, GA 30005

Title: V () Delete
Name: YATES, DONALD G
Address: 5424 AFTON DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

Title: V () Delete
Name: MACBAIN, JOHN A
Address: 2753 STATE ROAD 580, SUITE 101
City-St-Zip: CLEARWATER, FL 33761

Title: V () Delete
Name: CROMPTON, ROBERT B
Address: 4080 MCGINNIS FERRY RD., SUITE 901
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: MCALLISTER, MATTHEW S
Address: 2753 STATE ROAD 580, SUITE 101
City-St-Zip: CLEARWATER, FL 33761

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

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

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J SAYRE

Electronic Signature of Signing Officer or Director

PRES

01/06/2005

_____ Date