


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90012 036 \*\*\*150.00

<b>DOCUMENT # F04000002407</b> 1. Entity Name ALL COVERED, INC.	
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Principal Place of Business 8875 HIDDEN RIVER PKWY, SUITE 300 TAMPA, FL 33637	Mailing Address 101 REDWOOD SHORES PKWY, SUITE 200 REDWOOD CITY, CA 94065
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**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3281881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

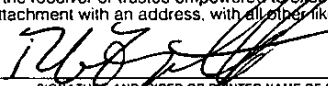
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MOTT, TIM 101 REDWOOD SHORES PKWY STE 200 REDWOOD CITY, CA 94065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPRST CEO LAUGHLIN, KEVIN 101 REDWOOD SHORES PKWY STE 200 REDWOOD CITY, CA 94065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Bob Zapotosky 101 Redwood Shores Parkway, Ste 200 Redwood City, CA 94065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP of Field Operations Frank Picarello 101 Redwood Shores Parkway, Ste 200 Redwood City, CA 94065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **Bob Zapotosky** 2/22/05 650-486-51  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #