## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96334

FILED May 02, 2005 Secretary of State

Entity Name: CONTINENTAL INSURANCE GROUP, INC.

|   | CONTINUENT   | THE INVOSTRATION OF THE STATE O |  |  |
|---|--|--|--|--|
| Current Principal Place of Business:              |  |  | New Principal Place of Business:             |  |
| 25 2ND ST N<br>#310<br>SAINT PETER                | SBURG, FL  | 33701 US   |  |  |
| Current Mailing Address:                          |  |  | New Mailing Address:                         |  |
| P. O. BOX 154<br>ST. PETERSB                      |  | 733 US   | P. O. BOX 15407<br>ST. PETERSBURG, F         | FL 33733 US                            |
| FEI Number: 59-2                                  | 2400008  | FEI Number Applied For() FEI Num   | nber Not Applicable ( )                      | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent:     |  |  | Name and Address of New Registered Agent:    |  |
| BUCK, JAMES<br>25 2ND ST N<br>#310<br>SAINT PETER | SBURG, FL  | 33701 US pmits this statement for the purpose o  | f changing its registers                     | d affice or registered agent, or both  |
| in the State of F                                 |  | ornits this statement for the purpose o  | r changing its registere                     | d office of registered agent, or both, |
| SIGNATURE:  |  |  |  |  |
| Electronic Signature of Registered Agent          |  |  |  | Date                                   |
|   |  | )(b), F.S., the corporation did not receive thrust Fund Contribution ( ).  | he prior notice.                             |  |
| OFFICERS AND DIRECTORS:                           |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Address: 25                                       | ( ) De<br>JCK, JAMES<br>2ND ST N #310<br>JINT PETERSBU |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Name: DIF<br>Address: 134                         | PST () De<br>RIENZO, ANTHO<br>478 ANDOVA DE<br>RGO, FL | YNY  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |

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: JAMES L. BUCK P 05/02/2005