FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# 492180

FILED Jun 27, 2003 8:00 am Secretary of State

06-27-2003 90052 001 ***158.75

DO NOT WRITE IN THIS SPACE

A Ability Cover All Insurance AGENCY, INC.

3354 Davis Macaulay 3354 Davis MacaulayPl. Suite, Apt. #, etc. Suite, Apt. #, etc.

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Applied For City & State 4. FEI Number 59-26 19905 1e1bourne Melbourne Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

trick J. Moriarty

Street Address (P.O. Box Number is Not Acceptable)

3354 Davis Macanlay

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, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS Director, Vice President TITLE Patrick J. Moriarty NAME NAME Baris Macaulay STREET ADDRESS STREET ADORESS 32934 CITY-ST-ZIP melbourne. CITY-ST-ZIP TITLE NAME NAME 3354 bavis Macaulay Pl. STREET ADDRESS STREET ADDRESS Melbourne CITY-ST-ZIP CITY-ST-ZIP reasurer THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Patricia Herrick II Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP field VA CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 the recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. attachment with an address, all other like empower

SIGNATURE:

CR2E034B (12/02)

H92180

A Ability Cover All Insurance Agency, Inc.

3354 Davis Macaulay Place Melbourne, Florida 32934

23 June 2003

To Florida Department of State, Division of Corporations:

Upon recent review of my personal business files I discovered that I did have my 2003 Uniform Business Report and do not recall ever receiving it. I contacted your office on 17 May 2003 and spoke with Esther Griggs. Ms. Griggs informed me that she would send me another form as your office did not have my form on file. I have completed and included the new form.

I am requesting that any late charges be removed if possible and have included a check for \$150.00. Please contact me at the above address if any additional fees are due.

Moriarty

Sincerely,

Patrick J. Moriarty