2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004557

Entity Name: ANNUITIES PLUS, L.L.C.

City-St-Zip:

OLDSMAR, FL 34677

FILED May 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3970 TAMPA RD - SUITE L 324 TAVERNIER DR OLDSMAR, FL 34677 OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** P.O. BOX 1736 OLDSMAR, FL 34677 FEI Number: 45-0502533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRITCHARD, RANDY 324 TAVERNIER DR. OLDSMAR, FL 34677 US 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 MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition PRITCHARD, RANDY Name: Name: Address: P.O. BOX 1736 Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PRITCHARD, HELEN Name: Address: P.O.BOX 1736 Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: RANDY J. PRITCHARD MGMR 05/05/2005