2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L90910

Entity Name: A-1 AFFORDABLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6409 BLANDING BLVD
JACKSONVILLE, FL 322443709

New Principal Place of Business:

Current Mailing Address:

6409 BLANDING BLVD
JACKSONVILLE, FL 322443709

New Mailing Address:

FEI Number: 59-3015916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, CHARLES
1324 HALFMOON TRAIL
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

CROUSE, CHARLES
1324 HALF MOON TRAIL
JACKSONVILLE, FL 32223 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: CHARLES CROUSE 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CROUSE, CHARLES
Address: 1324 HALFMOON TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CROUSE, CHARLES
Address: 1324 HALFMOON TRAIL
City-St-Zip: JACKSONVILEE, FL 32223

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: CHARLES CROUSE P 04/27/2005
Electronic Signature of Signing Officer or Director Date