2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85609

2441 S. STATE RD. 7

FT. LAUDERDALE, FL

Address: City-St-Zip:

Entity Name: ALL CLASS INSURANCE, INC.

FILED Jul 05, 2005 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	TH STATE RO ERDALE, FL				
Current Mailing Address:			New Mailing Address:		
	TH STATE RO ERDALE, FL				
FEI Number	: 65-0056093	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	ITH STATE RO ERDALE, FL	33317 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Age	ent	Date	
		03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WEIGER, VICT 2441 S. STATE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEMERS, DEE	E ROAD 7, #441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P (WEIGER, DAV) Delete ID A	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: VICTOR WEIGER C 07/05/2005