2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85800

EDWARD, LIFTON

11333 LAKEVIEW DRIVE

CORAL SPRINGS, FL 33071

Name:

Address:

City-St-Zip:

Entity Name: LIFTON INSURANCE AGENCY, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1800 N.W. CORPORATE BLVD #300 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 1800 N.W. CORPORATE BLVD BOCA RATON, FL 33431 FEI Number: 65-0059083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIFTON, EDWARD 11333 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition Name: LIFTON, LEWIS Name: 5361 STEEPLECHASE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: LUCAS, JANICE Name: LUCAS, JANICE 1901 NW 85TH DR 17688 FOXWOOD WAY Address: Address: CORAL SPRINGS, FL 33071 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: Title: () Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD LIFTON VP 04/13/2005