2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07092

FILED Mar 09, 2005 Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF THE PALM BEACHES, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	H FLAGLER D	ORIVE					
#600 MEST PA	LM BEACH, FI	L 33401	US				
Current Mailing Address:				New Maili	New Mailing Address:		
501 SOUT	H FLAGLER D	DRIVE					
#600 WEST PA	LM BEACH, FI	L 33401	US				
	: 59-1269022		nber Applied For ()	FEI Number Not Appl	icable () Cer	tificate of Status Desired ()	
Name and	l Address of C	Surrent R	legistered Agent:	Name and	Address of New	Registered Agent:	
	.L, BRIAN D.						
	'H FLAGLER E	DRIVE					
	LM BEACH, FI	L 33401 I	US				
	e named entity e of Florida.	submits th	nis statement for the	purpose of changing it	ts registered office	or registered agent, or both,	
SIGNATUI	RE:						
	Electror	nic Signati	ure of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	GALLO, ROBE	ERITY FARM	MS RD, SUITE 103 FL 33410 US	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Γitle: Name:	D () KNUDSEN, CH 10337 NORTH			Title: Name: Address:	() Chai	nge () Addition	
Address: City-St-Zip:	PALM BEACH	GARDENS,	FL 33418 US	City-St-Zip:			
City-St-Zip: Fitle: Name: Address:	PALM BEACH) Delete EN L ITON BEACH	H BLVD.	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
	PALM BEACH (PD (GALLO, STEVE 3452 W. BOYN BOYNTON BEA TD (COTTRELL, BE) Delete EN L ITON BEACH ACH, FL 334) Delete RIAN D AGLER DRI	H BLVD. 436 US IVE, SUITE 600	Title: Name: Address:	.,	nge () Addition	
City-St-Zip: Vitie: Vame: Vaddress: City-St-Zip: Vitie: Vame: Vaddress:	PALM BEACH OF PALM BEACH OF STEVE 3452 W. BOYN BOYNTON BEACH TO COTTRELL, BE 501 SOUTH FL WEST PALM B) Delete EN L ITON BEACH ACH, FL 33-4) Delete RIAN D AGLER DRI BEACH, FL 3) Delete NCH FARY TRAIL	H BLVD. 436 US IVE, SUITE 600 33401 US	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Chai	nge()Addition nge()Addition TRAIL	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN COTTRELL TD 03/09/2005