2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P00000002948

Entity Name: DEPALO INSURANCE SERVICES, INC.

Current Principal Place of Business:

3731 NW 95 TERR #1603
SUNRISE, FL 33351

New Principal Place of Business:

2190 NW 99TH WAY
SUNRISE, FL 33322

Current Mailing Address:

3731 NW 95 TERR #1603
SUNRISE, FL 33351

New Mailing Address:

2190 NW 99TH WAY
SUNRISE, FL 33322

FEI Number: 65-0970226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEPALO, ARDALA E
3731 NW 95 TERR #1603
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

DEPALO, ARDALA E
2190 NW 99TH WAY
SUNRISE, FL 33322 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: 03/15/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEPALO, ARDALA
Address: 3731 NW 95 TERR #1603
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEPALO, ARDALA
Address: 2190 NW 99TH WAY
City-St-Zip: SUNRISE, FL 33322

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: ARDALA DEPALO PRES 03/15/2005
Electronic Signature of Signing Officer or Director — Date