




PROFIT CORPORATION ANNUAL REPORT

You're in good hands.

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000034593 1. Entity Name EDWARD POLLARD INSURANCE AGENCY, INC.	
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Principal Place of Business 431 N FEDERAL HWY POMPANO BEACH, FL 33062	Mailing Address 431 N FEDERAL HWY POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1000931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POLLARD, EDWARD
5204 NW 67 AVE
LAUDERHILL, FL 33319

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLLARD, EDWARD
STREET ADDRESS	5204 NW 67 AVE
CITY - ST - ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Pollard 3/22/05 (954) 781-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #