2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041157

Entity Name: ADRIAN GARRICK INSURANCE GROUP, INC.

FILED Mar 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3206 S CONWAY ROAD 13000 AVALON LAKE DR SUITE 4 STE 307

ORLANDO, FL 32812 ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

3206 S CONWAY ROAD 13000 AVALON LAKE DR SUITE 4 STE 307

ORLANDO, FL 32812 ORLANDO, FL 32828

FEI Number: 59-3637020 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:

GARRICK, ADRIAN
3206 S CONWAY ROAD
SUITE 4
ORLANDO, FL 32812 US
GARRICK, ADRIAN
13000 AVALON LAKE DR
STE 307
ORLANDO, FL 32828 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: 03/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRICK, ADRIAN

Address: 3206 S. CONWAY RD STE 4 City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: GARRICK, JOHANNA E
Address: 3206 S CONMAY RD STE 4

Address: 3206 S. CONWAY RD STE 4 City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: GARRICK, ADRIAN

Address: 13000 AVALON LAKE DR #307

City-St-Zip: ORLANDO, FL 32828

Title: SD (X) Change () Addition

 Name:
 GARRICK, JOHANNA E

 Address:
 13000 AVALON LAKE DR #307

 City-St-Zip:
 ORLANDO, FL 32828

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: ADRIAN GARRICK PRES 03/25/2005