2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2004
Secretary of State

DOCUMENT# P01000072226

Entity Name: CALSURE RISK PURCHASING GROUP, INC.

Current Principal Place of Business:

600 SANDTREE DR., STE. 101
PALM BEACH GARDENS, FL 33403

New Principal Place of Business:

Current Mailing Address:

600 SANDTREE DR., STE. 101
PALM BEACH GARDENS, FL 33403

New Mailing Address:

FEI Number: 65-1151951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, DON JR
600 SANDTREE DR., STE. 101
PALM BEACH GARDENS, FL 33403 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: LAMBERT, DON JR
Address: 600 SANDTREE DR., STE. 101
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: D ( ) Delete
Name: COLLINSWORTH, W. MEADE
Address: 600 SANDTREE DR., STE. 101
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: D ( ) Delete
Name: DOWLING, LYNN
Address: 600 SANDTREE DR., STE. 101
City-St-Zip: PALM BEACH GARDENS, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LYNN DOWLING D 05/22/2004

Electronic Signature of Signing Officer or Director — Date