2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# P01000073744

Entity Name: ADVANCED INSURANCE GROUP OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

11382 PROSPERITY FARMS ROAD
SUITE 230
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

10337 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11382 PROSPERITY FARMS ROAD
SUITE 230
PALM BEACH GARDENS, FL 33410

New Mailing Address:

18134 PERIGON WAY
JUPITER, FL 33458

FEI Number: 65-1126082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, WILTON L ESQ.
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 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: P ( ) Delete
Name: DAVENPORT, TONY
Address: 11382 PROSPERITY FARM RD. #230
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST ( ) Delete
Name: DAVENPORT, GLORIA
Address: 11382 PROSPERITY FARM RD. #230
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVENPORT, TONY
Address: 18134 PERIGON WAY
City-St-Zip: JUPITER, FL 33458

Title: ST (X) Change ( ) Addition
Name: DAVENPORT, GLORIA
Address: 18134 PERIGON WAY
City-St-Zip: JUPITER, FL 33458

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: GLORIA DAVENPORT ST 03/09/2005
Electronic Signature of Signing Officer or Director — Date