2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P01000077106

Entity Name: ALL FLORIDA INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

1609 WOODWARD ST
ORLANDO, FL 32803

New Principal Place of Business:

7217 E COLONIAL DR
SUITE 112, BACK
ORLANDO, FL 32807

Current Mailing Address:

1609 WOODWARD ST
ORLANDO, FL 32803

New Mailing Address:

PO BOX 536908
ORLANDO, FL 32853

FEI Number: 59-3749172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALZMAN, GARY S ESQ
225 E. ROBINSON ST., STE. 660
ORLANDO, FL 32801 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: BOGERT, THEODORE
Address: 1609 WOODWARD ST
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOGERT, THEODORE
Address: 7217 E COLONIAL DR, SUITE 112, BACK
City-St-Zip: ORLANDO, FL 32807

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: THEODORE BOGERT PRES 04/28/2004

Electronic Signature of Signing Officer or Director — Date