2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078102

FILED Apr 30, 2004 Secretary of State

Entity Name: SPACE COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.

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

5500 N. ATLANTIC AVE., #218 COCOA BCH, FL 32931

Current Mailing Address: New Mailing Address:

5500 N. ATLANTIC AVE., #218 COCOA BCH, FL 32931

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALEXANDER, JOHN J
5500 N. ATLANTIC AVE., #218
COCOA BCH, FL 32931

DROPESKI, CYNTHIA R
690 W. EAU GALLLIE BLVD.
MELBOURNE, FL 32935

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: CINDY DROPESKI 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MALLOY, CINDY
 Name:
 DROPESKI, CINDY

 Address:
 1301 W. EAU GALLIE BLVD., #98
 Address:
 690 W. EAU GALLIE BLVD.

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 WHITE, CARL A
 Name:
 AUCLAIR, KIMBERLY

 Address:
 5505 N. ATLANTIC AVE., #218
 Address:
 99 NORTH ATLANTIC AVE.

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 OROPESKI, CYNTHIA
 Name:
 ALEXANDER, JOHN

 Address:
 680 EAU GALLIS BLVD
 Address:
 5505N N. ATLANTIC BLVD.

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 COCOA BEACH, FL 32931

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: SMITH, RED Name: DENINGER, PAUL

Address: 5505 N. ATLANTIC AVE. #127 Address: 5505 N. ATLANTIC AVE. #127 City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 32931

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: CINDY DROPESKI PD 04/30/2004