2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P01000119254

Entity Name: ASSURANCE INSURANCE, INC.

Current Principal Place of Business:

1927 NW 9TH AVE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1927 NW 9TH AVE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 04-3586824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURAND, SHAWN
1584 NE 32ND STREET
OAKLAND PARK, FL 33334 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: PSTD ( ) Delete
Name: DURAND, SHAWN P
Address: 248 CODRINGTON DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DURAND, SHAWN P
Address: 1584 NE 32ND STREET
City-St-Zip: OAKLAND PARK, FL 33334

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: SHAWN P DURAND PSTD 04/21/2005

Electronic Signature of Signing Officer or Director Date