2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P02000004850

Entity Name: DALES INSURANCE AGENCY INC.

Current Principal Place of Business:

12780 W DIXIE HWY
N MIAMI, FL 33161

New Principal Place of Business:

12780 W DIXIE HWY 2ND FL
N MIAMI, FL 33161

Current Mailing Address:

12780 W DIXIE HWY
N MIAMI, FL 33161

New Mailing Address:

12780 W DIXIE HWY 2ND FL
N MIAMI, FL 33161

FEI Number: 80-0036793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOCTEUR, DALES
12780 W DIXIE HWY
N MIAMI, FL 33161 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: DOCTEUR, DALES
Address: 8025 NW 198 TERRACE
City-St-Zip: MIAMI, FL 33115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOCTEUR, DALES
Address: 8025 NW 198 TERRACE
City-St-Zip: MIAMI, FL 33015

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: DALES DOCTEUR P 03/10/2005

Electronic Signature of Signing Officer or Director Date