2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# P02000014218

Entity Name: A & R INSURANCE INC.

Current Principal Place of Business:

600 THACKER AVE. SUITE D-63
KISSIMMEE, FL 34741 US

New Principal Place of Business:

3395 W. VINE STREET
SUITE 301
KISSIMMEE, FL 34741 US

Current Mailing Address:

600 THACKER AVE. SUITE D-63
KISSIMMEE, FL 34741 US

New Mailing Address:

3395 W. VINE STREET
SUITE 301
KISSIMMEE, FL 34741 US

FEI Number: 90-0008998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BULLEN, RANDOLPH H PRES
600 THACKER AVE. SUITE D-63
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BULLEN, RANDOLPH H PRES
3395 W. VINE STREET
SUITE 301
KISSIMMEE, FL 34741 US

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: _____ 02/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: BULLEN, ANNA M
Address: 600 THACKER AVE, D-63
City-St-Zip: KISSIMMEE, FL 34741

Title: PD ( ) Delete
Name: BULLEN, RANDOLPH H
Address: 600 THACKER AVE. D-63
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BULLEN, ANNA M
Address: 3395 W. VINE STREET #301
City-St-Zip: KISSIMMEE, FL 34741

Title: PD (X) Change ( ) Addition
Name: BULLEN, RANDOLPH H
Address: 3395 W. VINE STREET #301
City-St-Zip: KISSIMMEE, FL 34741

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: RANDOLPH H. BULLEN PD 02/25/2005
Electronic Signature of Signing Officer or Director — Date