

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064020

FILED
Apr 17, 2005
Secretary of State

Entity Name: DARE INSURANCE GROUP, INC.

Current Principal Place of Business:

3060 EAST HWY. 436
SUITE 120
APOPKA, FL 32703

New Principal Place of Business:

P O BOX 954208
LAKE MARY, FL 32795

Current Mailing Address:

PO BOX 954208
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 01-0712174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DARE, JOHN
547 LAKEWORTH CIRCLE
HEATHROW, FL 32746 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: PS () Delete
Name: DARE, JOHN
Address: 3060 EAST HWY. 436, SUITE 120
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DARE, JOHN
Address: 547 LAKEWORTH CIRCLE
City-St-Zip: HEATHROW, FL 32746

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: JOHN DARE

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04/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date