2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P02000100607

Entity Name: SPRING-PALLANT INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 1315 14TH ST
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 398628
MIAMI BEACH, FL 332398628

New Mailing Address:

FEI Number: 65-0670615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRING, DANIEL
4261 ALTON ROAD
MIAMI BEACH, FL 33140 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: PD ( ) Delete
Name: PALLANT, JOSEPH
Address: P. O. BOX 398628
City-St-Zip: MIAMI BEACH, FL 332398628

Title: STD ( ) Delete
Name: SPRING, DANIEL H
Address: P. O. BOX 398628
City-St-Zip: MIAMI BEACH, FL 332398628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANIEL H. SPRING STD 03/15/2005

Electronic Signature of Signing Officer or Director Date