2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P03000034516

Entity Name: A.R.A. CASUALTY INSURANCE COMPANY, INC.

Current Principal Place of Business:

6600 S.W. 57TH AVE.
SUITE 400
MIAMI, FL 33143

New Principal Place of Business:

6600 S.W. 57TH AVE.
SUITE 200
MIAMI, FL 33143

Current Mailing Address:

6600 S.W. 57TH AVE.
SUITE 400
MIAMI, FL 33143

New Mailing Address:

6600 S.W. 57TH AVE.
SUITE 200
MIAMI, FL 33143

FEI Number: 68-0547002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ABBIERI, PHILIP
1321 S.W. 102ND AVE.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

BRYER, WARREN
17500 N. BAY ROAD
APT. 607
N. MIAMI BEACH, FL 33160 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: WARREN BRYER 05/06/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABBIERI, PHILIP
Address: 1321 S.W. 102ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: ABRAHAM, ANTHONY R
Address: 727 S. ALHAMBRA CIR.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: MALOUF, THOMAS H
Address: 3115 MOSSVALE LANE
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: ABRAHAM, THOMAS G
Address: 155 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHAFER, JEFFERY L
Address: 8885 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33157

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

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: ANTHONY R. ABRAHAM D 05/06/2005
Electronic Signature of Signing Officer or Director Date