## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000080736

FILED Apr 29, 2004 Secretary of State

Entity Nan	ne: BILL DAL	Y INSURANCE AGENCY, IN	NC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
10235 W. S 203	SAMPLE RD				
CORAL SPRINGS, FL 33065					
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
	SAMPLE RD				
203 CORAL SP	RINGS, FL 3	3065			
FEI Number:	91-2198283	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered				New Registered Agent:	
	JOSE 18 COURT E PINES, FL	33028 US	THOMAS, JOSE C.P.A 12839 NW 18 COURT PEMBROKE PINES, FL		
The above in the State		submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: JOSE TH	OMAS C.P.A		04/29/2004	
	Electron	ic Signature of Registered A	gent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DALY, WILLIAN 10235 W. SAM		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	KURUVILLA, TH 10235 W. SAM		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

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: THOMAS KURUVILLA P 04/29/2004