2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000088671

Entity Name: GALVANO INSURANCE, INC.

Current Principal Place of Business:

9220 BONITA BEACH RD, STE 102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

27911 CROWN LAKE BLVD.
BONITA SPRINGS, FL 34135

Current Mailing Address:

9220 BONITA BEACH RD, STE 102
BONITA SPRINGS, FL 34135

New Mailing Address:

27911 CROWN LAKE BLVD.
BONITA SPRINGS, FL 34135

FEI Number: 04-3771087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALVANO, ROBIN
9220 BONITA BEACH RD, STE 102
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

GALVANO, ROBIN
27911 CROWN LAKE BLVD.
BONITA SPRINGS, FL 34135 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: ROBIN GALVANO 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALVANO, ROBIN
Address: 9220 BONITA BEACH RD, STE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Delete
Name: GALVANO, RICHARD
Address: 9220 BONITA BEACH RD, STE 102
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALVANO, ROBIN
Address: 27911 CROWN LAKE BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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: ROBIN GALVANO PRES 04/29/2005
Electronic Signature of Signing Officer or Director Date