2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116316

Entity Name: SWINSON INSURANCE AGENCY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
4561 OKEECHOBEE BLVD W PALM BEACH, FL 33417	

Current Mailing Address:	**New Mailing Address:**
4561 OKEECHOBEE BLVD W PALM BEACH, FL 33417	8235 FOREGO ROAD PALM BEACH GARDENS, FL 33418

FEI Number: 02-0711373   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 Agent:**
ANDERSON, TIMOTHY K 480 MAPLEWOOD DRIVE SUITE 5 JUPITER, FL 33458 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: _____

          Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	D ( ) Delete	Title:	D,P	(X) Change ( ) Addition
Name:	SWINSON, MALLORY A	Name:	SWINSON, MALLORY A	
Address:	8235 FOREGO ROAD	Address:	8235 FOREGO ROAD	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D ( ) Delete	Title:	D,VP	(X) Change ( ) Addition
Name:	SWINSON, EDWARD S	Name:	SWINSON, EDWARD S	
Address:	8235 FOREGO ROAD	Address:	8235 FOREGO ROAD	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D ( ) Delete	Title:		( ) Change ( ) Addition
Name:	SWINSON, DANIEL J	Name:		
Address:	5500 LYONS RD #207	Address:		
City-St-Zip:	COCONUT CREEK, FL 33073	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: EDWARD SWINSON   VP   04/19/2005

          Electronic Signature of Signing Officer or Director   Date