

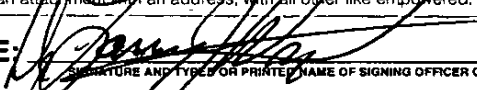


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 047 ***150.00

DOCUMENT # P03000131372					
1. Entity Name THE UNDERWRITERS GROUP INC.					
Principal Place of Business 7775 BAY MEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256			Mailing Address 7775 BAY MEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256		
2. Principal Place of Business 8777 San Jose Blvd Suite/Apt. #, etc. 902 City & State Jacksonville FL Zip 32217 Country Duval		3. Mailing Address 8777 San Jose Blvd Suite/Apt. #, etc. 902 City & State Jacksonville FL Zip 32217 Country Duval			
02072005 Chg-P CR2E034 (10/03)				4. FEI Number 48-1277940	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, LARRY 7775 BAY MEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Wright, Larry J. Street Address (P.O. Box Number is Not Acceptable) 8777 San Jose Blvd Suite 902 City Jacksonville FL Zip Code 32217		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WRIGHT, LARRY STREET ADDRESS 7775 BAY MEADOWS WAY, SUITE 107 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Larry J. Wright 4/18/05 904-782-5577					