



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90069 029 \*\*\*158.75

<b>DOCUMENT # P03000138440</b> 1. Entity Name <b>DEPACE INSURANCE &amp; FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>500 NE 5TH AVENUE SUITE 1 DELRAY BEACH, FL 33483 US</b>			Mailing Address <b>500 NE 5TH AVENUE SUITE 1 DELRAY BEACH, FL 33483 US</b>		
2. Principal Place of Business <b>1287 UNIVERSITY DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>3601 NW 84 TERR</b> Suite, Apt. #, etc.			
City & State <b>CORAL SPRINGS FL</b>		City & State <b>CORAL SPRINGS FL</b>		4. FEI Number <b>01-0802564</b>	
Zip <b>33071</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEPACE, JOSEPH L 500 NE 5TH AVENUE SUITE 1 DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3601 NW 84 TERR</b> City <b>CORAL SPRINGS FL</b> Zip Code <b>33065</b>	
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: <u>Joseph L Depace</u> <b>JOSEPH L. DEPACE</b> <b>2.27.05</b> <small>(Signature, type, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEPACE, JOSEPH L 3601 NW 84TH TERRACE CORAL SPRINGS, FL 33065	<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	VP DEPACE, SUSAN H 3601 NW 84TH TERRACE CORAL SPRINGS, FL 33065	<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	<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	<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: <u>Joseph L Depace</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2.27.05</b> <b>954 752 0837</b> <small>Date Daytime Phone #</small>		