

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


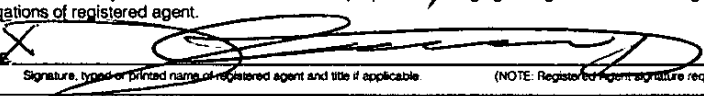
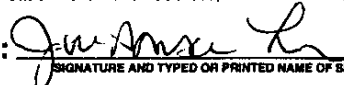
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SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED



08112005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000150771					
1. Entity Name ON THE SPOT INSURANCE, INC.					
Principal Place of Business 2243-A CLEVELAND AVE FT MYERS, FL 33901			Mailing Address 2243-A CLEVELAND AVE FT MYERS, FL 33901		
2. Principal Place of Business 2243 Cleveland Ave.		3. Mailing Address 2243 Cleveland Ave.			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4			
City & State Ft. Myers		City & State Ft. Myers		4. FEI Number 20-0513665	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JILL SOUSA 4251 ISLAND CIRCLE UNIT #H FT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Julio Espinosa Street Address (P.O. Box Number is Not Acceptable) 2243 Cleveland Ave. City Ft. Myers FL Zip Code 33901		
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:  X Sept 4 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JILL SOUSA 2243-A CLEVELAND AVE FT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Julio Espinosa 2243 Cleveland Ave., Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Damarys Lugo 2243 Cleveland Ave., Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060203978 10/04/05--01015--004 **\$1.25	<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
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:  JILL SOUSA LEE			8/24/05 239-872-8799		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		