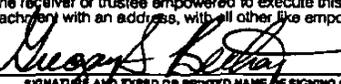


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

04-25-2005 90301 025 ***150.00

DOCUMENT # P04000020530			
1. Entity Name INVESTORS PROPERTY INSURANCE, INC.			
Principal Place of Business 491 N. STATE ROAD 434 SUITE 125 ALTAMONTE SPRINGS, FL 32714		Mailing Address PO BOX 160580 ALTAMONTE SPRINGS, FL 32716	
2. Principal Place of Business 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703-4857 Country USA		3. Mailing Address 2755 Border Lake Road Suite, Apt. #, etc. Suite 101 City & State Apopka, FL Zip 32703-4857 Country USA	
04212005		Chg-P	CR2E034 (10/03)
4. FEL Number 20-0682442		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANAGA, MERIDYTHE 491 N STATE RD 434 STE 125 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Meridythe Kanaga Street Address (P.O. Box Number Is Not Acceptable) 2755 Border Lake Road Suite 101 City Apopka FL Zip Code 32703-4857	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P KANAGA, RYAN Z PO BOX 160580 ALTAMONTE SPRINGS, FL 32716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Bethany 4884 Cherokee Rose Drive Orlando, FL 32808 <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	<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: 		Greg Bethany 4/21/05 407-862-2292	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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