

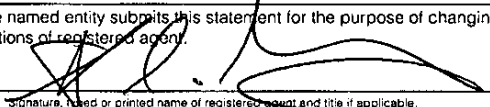
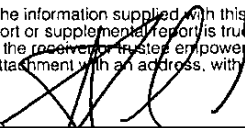


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90002 036 ***550.00

DOCUMENT # P04000059282 1. Entity Name FLORIDA PENINSULA INSURANCE GROUP, INC.					
Principal Place of Business 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020 US			Mailing Address 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020 US		
2. Principal Place of Business 621 NW 53 ST Suite, Apt. #, etc. 125		3. Mailing Address 621 NW 53 ST Suite, Apt. #, etc. 125			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 20-1567845	
Zip 33487-8236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIULIANTI, STACEY A ESQ 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name STACEY A. GIULIANTI, ESQ. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 ST STE 125 City Boca Raton FL Zip Code 33487-8236		
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  DATE 8/5/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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, T STRAUCH, CLINT 3380 N. 41 CT HOLLYWOOD, FL 33021 <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 S GIULIANTI, STACEY A ESQ. 1909 TYLER STREET, PH HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	621 NW 53 ST, Suite 125 Boca Raton, FL 33487-8236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, PAUL 18743 LONG LAKE DRIVE BOCA RATON, FL 33496 <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	D CANTOR, GARY 7 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435 <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 information.					
SIGNATURE: 			Date 8/5/05 561-994-8366 <small>Daytime Phone #</small>		