2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000086300

Entity Name: SOUTHEAST INSURANCE RESTORATION, INC.

Current Principal Place of Business:

1135 N NORTHLAKE DR
HOLLYWOOD, FL 33019

New Principal Place of Business:

3214 ROOSEVELT STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

1135 N NORTHLAKE DR
HOLLYWOOD, FL 33019

New Mailing Address:

3214 ROOSEVELT STREET
HOLLYWOOD, FL 33021

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THRESS, HEATHER
1135 N NORTHLAKE DR
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

THRESS, HEATHER
3214 ROOSEVELT STREET
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: HEATHER THRESS 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: THRESS, HEATHER
Address: 1135 N NORTHLAKE DR
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: THRESS, HEATHER
Address: 3214 ROOSEVELT STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER THRESS D 04/30/2005
Electronic Signature of Signing Officer or Director Date