2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# P04000150514

Entity Name: SUSAN SIFLINGER INSURANCE SERVICES, INC.

Current Principal Place of Business:

2141 N. UNIVERSITY DR., SUITE 388
CORAL SPRINGS, FL 33071

New Principal Place of Business:

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076

Current Mailing Address:

2141 N. UNIVERSITY DR., SUITE 388
CORAL SPRINGS, FL 33071

New Mailing Address:

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076

FEI Number: 20-1845208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIFLINGER, SUSAN
2141 N. UNIVERSITY DR., SUITE 388
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SIFLINGER, SUSAN
11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 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: SUSAN SIFLINGER 05/18/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIFLINGER, SUSAN
Address: 2141 N. UNIVERSITY DR., SUITE 388
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIFLINGER, SUSAN
Address: 11555 HERON BAY BLVD. SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33076

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: SUSAN SIFLINGER P 05/18/2005
Electronic Signature of Signing Officer or Director Date