2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156871

Entity Name: FLOOD INSURANCE RELIEF INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2807 BISHOP ESTATES RD JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 2807 BISHOP ESTATES RD JACKSONVILLE, FL 32259 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, GEFFREY H 2807 BISHOP ESTATES RD JACKSONVILLE, FL 32259 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition MILLER, RICHARD A D Name: Name: 2807 BISHOP ESTATES RD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 DU Title: Title: () Change (X) Addition () Delete LEWIS, GEFFREY H D Name: Name: 2807 BISHOP ESTATES RD. Address: Address: JACKSONVILLE, FL 32259 DU City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete CFO MILLER, RICHARD A CEO Name: Name: 2807 BISHOP ESTATES RD. Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 DU Title: () Delete Title: () Change (X) Addition LEWIS, GEFFREY HP Name: Name: Address: Address: 2807 BISHOP ESTATES RD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 DU Title: Title: () Change (X) Addition () Delete Name: Name: MILLER, RICHARD A S Address: 2807 BISHOP ESTATES RD. Address: JACKSONVILLE, FL 32259` DU City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MILLER, RICHARD AT Name: Name: 2807 BISHOP ESTATES RD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 DU

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: GEFFREY H LEWIS P 04/27/2005