

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005355

Entity Name: INSURANCE INDUSTRIES INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

953 NE 125 ST.
N. MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

953 NE 125 ST.
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0378224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, STACY
953 N.E. 125TH ST
N. MIAMI, FL 33162 US

Name and Address of New Registered Agent:

PARKS, STACY E PRES
953 N.E. 125TH ST
N. MIAMI, FL 33162 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: STACY PARKS

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKS, STACY
Address: 953 NE 125 ST
City-St-Zip: N. MIAMI, FL 33161

Title: D () Delete
Name: KAUFFMAN, GLENDA
Address: 953 NE 125 ST
City-St-Zip: N. MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARKS, STACY E PRES
Address: 953 NE 125 ST
City-St-Zip: N. MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STACY PARKS

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date