2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# P93000017933

Entity Name: THE TEITELBAUM INSURANCE GROUP, INC.

Current Principal Place of Business:

3672 MYKONOS CT
BOCA RATON, FL 33487

New Principal Place of Business:

3672 MYKONOS CT
BOCA RATON, FL 33487 US

Current Mailing Address:

3672 MYKONOS CT
BOCA RATON, FL 33487

New Mailing Address:

3672 MYKONOS CT
BOCA RATON, FL 33487 US

FEI Number: 65-0395991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHAN, ROCHELLE
3672 MYKONOS CT
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KAHAN, ROCHELLE
Address: 3672 MYKONOS CT
City-St-Zip: BOCA RATON, FL

Title: V (X) Delete
Name: TEITELBAUM, MARTIN E
Address: 3672 MYKONOS CT.
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KAHAN, ROCHELLE
Address: 3672 MYKONOS CT
City-St-Zip: BOCA RATON, FL 33487 US

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: ROCHELLE KAHAN P 01/25/2005

Electronic Signature of Signing Officer or Director — Date