

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000065246

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALLINES INSURANCE BROKERAGE INC.

Current Principal Place of Business:

1220 S. DALE MABRY HWY.
SUITE 202
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1220 S. DALE MABRY HWY.
SUITE 202
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3201333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLI, DENNIS E
400 N TAMPA ST
SUITE 2630
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANNELLA, JOSEPH H
Address: 11803 LANCASHIRE DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: HIMERT, BRIAN W
Address: 4924 WILLOW RIDGE TERRACE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH H. CANNELLA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date