2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012052

Entity Name: ALL LINES INSURANCE GROUP, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1610 CINNAMON LN DUNEDIN, FL 34698				1345 S MISSOURI AVE CLEARWATER, FL 33756	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NAMON LN I, FL 34698				
FEI Number: 65-0640080 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address				of New Registered Agent:	
1610 CINN DUNEDIN The above	,	JS	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Election Ca		ic Signature of Registered Agr	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CLARKSON, MI 1610 CINNAMO DUNEDIN, FL 3	N LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () RAILEY, ANN 1053 CANDLER		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MICHAEL B CLARKSON D 04/19/2005