2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P96000013 PAND INSÚRANCE, INC.		Secretary of State			
4213 BEE RI	e of Business IDGE RD TL 34233 _US	Mailing Address 4213 BEE RIDGE RD SARASOTA, FL 34233 US			ININ 98))) 98))) NRS	# 1986 # #1111 1988 # 1120 # 1 1984 #
D	O NOT WRITE 5. Name and Address of Current P	CE	1 (2213,2) (12 (2112 27))	hg-P CR2E	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
4213 BEE	LLIAM A JR RIDGE RD A, FL 34233	DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			.00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, WILLIAM A JR. 4213 BEE RIDGE ROAD SARASOTA, FL 34233	JIRECTORS		04/	10000003383 128/05-8003	51 13-001 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					T WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						and the same of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		T 2 1		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my signa wered to execute this report as requi	ture shall have the s	same legal effect as if ma 7, Florida Statutes; and tha 1	de under oath; that at my name appears	I am an officer or director