2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P96000089257

Entity Name: PD INSURANCE AGENCY, INC.

Current Principal Place of Business:

7900 NW 27 AVE #159
MIAMI, FL 33147

New Principal Place of Business:

7900 NW 27 AVE #169
MIAMI, FL 33147

Current Mailing Address:

7900 NW 27 AVE #159
MIAMI, FL 33147

New Mailing Address:

7900 NW 27 AVE #169
MIAMI, FL 33147

FEI Number: 65-0706101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNROE, PAUL
7900 NW 27 AVE #159
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

MUNROE, PAUL
7900 NW 27 AVE #169
MIAMI, FL 33147 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: PAUL MUNROE 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUNROE, PAUL
Address: 7900 N.W. 27TH AVENUE #159
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUNROE, PAUL
Address: 7900 N.W. 27TH AVENUE #169
City-St-Zip: MIAMI, FL 33147

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: DESMOND MARSH P 04/29/2004
Electronic Signature of Signing Officer or Director Date