

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002287

FILED
Mar 17, 2005
Secretary of State

Entity Name: ACCESS LEGAL INSURANCE, INC.

Current Principal Place of Business:

2850 N ANDREWS AVE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1749 NE 26TH ST
SUITE F
FORT LAUDERDALE, FL 33305 US

New Mailing Address:

2850 NORTH ANDREWS AVE
FORT LAUDERDALE, FL 33311 US

FEI Number: 59-3455152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARDELL, PHILLIP
2850 N ANDREWS AVE
FORT LAUDERDALE, FL 33311 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: WARDELL, JAMES A
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: P () Delete
Name: WARDELL, PHILLIP
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D (X) Delete
Name: WARDELL, MARY ANN
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: WARDELL, RONALD
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D (X) Delete
Name: SEILER, JOHN P
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D (X) Delete
Name: WARDELL, HARRY
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: ZADEN, RICHARD J ESQ.
Address: 2850 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: PHILLIP M WARDELL

PRES

03/17/2005

Electronic Signature of Signing Officer or Director

_____ Date