

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029220

Entity Name: PLAN B INSURANCE INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

304 SE 5TH AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

3483 S. CONGRESS AVENUE
PALM SPRINGS, FL 33461 US

Current Mailing Address:

304 SE 5TH AVE
DELRAY BEACH, FL 33483 US

New Mailing Address:

3483 S. CONGRESS AVENUE
PALM SPRINGS, FL 33461 US

FEI Number: 65-0741024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, MARY T
500 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

KING-HUDSON, MARY T
500 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 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: MARY T KING-HUDSON

06/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, MARY T
Address: 500 W OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING-HUDSON, MARY T
Address: 500 W OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: MARY T KING-HUDSON

P

06/30/2005

Electronic Signature of Signing Officer or Director

Date