

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**


03-25-2004 90031 019 \*\*\*150.00

<b>DOCUMENT # P98000055860</b> 1. Entity Name PERSONET INSURANCE SERVICES, INC.	
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Principal Place of Business 33907 US HWY 19 NORTH PALM HARBOR, FL 34684	Mailing Address PO BOX 3436 HOLIDAY, FL 34690
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3522685</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

03000004  
  
 02062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>RILEY, ROBERT V</b> 8140 SILVER MIST PL. NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name <b>Diane Law</b> Street Address (P.O. Box Number is Not Acceptable) <b>3260 W. Hillsborough Avenue</b> Suite 106 City <b>Tampa</b> FL Zip Code <b>33614</b>		
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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: *Diane Law* DATE: 3-11-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RILEY, ROBERT V 1310 GULF BLVD # 6 F CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Diane Law 3260 W. Hillsborough Avenue, Suite 106 Tampa, Florida 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Law* DATE: 3-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #