2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042356

Entity Name: CAPITAL INSURANCE CONSULTANTS, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 260847 P.O. BOX 210517

PEMBROKE PINES, FL 33026 ROYAL PALM BEACH, FL 33421

Current Mailing Address: New Mailing Address:

P.O. BOX 260847 P.O. BOX 210517

PEMBROKE PINES, FL 33026 ROYAL PALM BEACH, FL 33421

FEI Number: 65-0917976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, LAWRENCE M
11651 N W 11TH ST
PEMBROKE PINES, FL 33026 US
JONES, LAWRENCE M
9655 SANDPIPER SHORES WAY
ROYAL PALM BEACH, FL 33411 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: 04/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JONES, LAWRENCE M JONES, LAWRENCE M Name: Name: 11651 N.W. 11TH STREET Address: 9655 SANDPIPER SHORES WAY Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: ROYAL PALM BEACH, FL 33411

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: LAWRENCE M. JONES PRES 04/18/2005