2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# P99000060424

Entity Name: PARTNERS INSURANCE ENTERPRISES, INC.

Current Principal Place of Business:

5058 NW 116TH AVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5058 NW 116TH AVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 65-0948880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: SKOLNICK, MICHAEL
Address: 2925 N.W. 68TH AVENUE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: SMITH, JAMES A
Address: 2812 N.W. 87TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: RUOCCO, PETER
Address: 890 SAN REMO DRIVE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: LOSASSO, DEAN
Address: 6235 N.W. 45TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

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: ( ) 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: MICHAEL SKOLNICK D 01/17/2005

Electronic Signature of Signing Officer or Director Date