2003 FOR PROFIT CORPORATION

Mailing Address

PO BOX 952915

UNIFORM BUSINESS REPORT (UBR) P99000082340

1. Entity Name

201 VENTURA DR

DOCUMENT #

Principal Place of Business

ADREON'S INSURANCE AGENCY, INC.

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City						Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or printed name of registered agent and site if appointable. (MOTE Registered Agent signature required when resistancy) After May 1, 2003 Fee will be \$55,000 May Be Added to Foese Made to Florida Department of State				for the purpose of chan	iging its registere	ed office or re	gistered ag	ent, or both, in the State of Flo	rida. Lam i	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADREON, SHARON 3488 LAKE HARNEY CIR. GENEVA FL 32732 Delete MAME STREET ADDRESS STREET ADDRESS	the obligat	tions of regist	ered agent.								
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FILED Apr 30, 2003 8:00 am Secretary of State

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12. Thereby 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:

CITY-ST-ZIP