2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47266

FILED Apr 25, 2005 Secretary of State

Entity Name: STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION

Current P	rincipal Pl	ace of Bus	iness:	New Prince	cipal Place of E	Business:	
16155 SW BAY B-15 MIAMI, FL		JS		16155 SW BAY B-15 MIAMI, FL			
Current Mailing Address:					New Mailing Address:		
16155 SW BAY B-15 MIAMI, FL		JS		16155 SW BAY B-15 MIAMI, FL			
FEI Number	: 65-0259290	FEI N	ımber Applied For()	FEI Number Not App	licable ()	Certificate of Status	s Desired ()
Name and	l Address	of Current	Registered Agent:	Name and	Address of No	ew Registered A	gent:
16155 SW STE. B-15							
	named en e of Florida		this statement for the	purpose of changing	its registered of	fice or registered	agent, or both
SIGNATUI	RE:						
						D-1-	
Election Car		_	ature of Registered Ac und Contribution ().	gent		Date	
		ncing Trust F			NS/CHANGES 1	Date	ND DIRECTO
	mpaign Finar	ecing Trust F					ND DIRECTO
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	D CAREY, GI 9625 DOM MIAMI, FL	CECTORS: () Delete REGORY INICAN () Delete BHT, LEONAF	und Contribution ().	ADDITIOI Title: Name: Address:	()(TO OFFICERS A	ND DIRECTO
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D CAREY, GI 9625 DOM MIAMI, FL DS BOATWRK 15410 SW MIAMI, FL PD KOPPELM.	cing Trust F EECTORS: () Delete REGORY NICAN () Delete SHT, LEONAF 84TH AVE 33187 () Delete ANN, W.J., 96 STREET	und Contribution ().	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address:	() () () () () () () () () ()	Change () Addition Change () Addition Change () Addition Change () Addition W.J.,	ND DIRECTO
OFFICER Title: Name: Address:	D CAREY, GI 9625 DOM MIAMI, FL DS BOATWRK 15410 SW MIAMI, FL PD KOPPELM. 13250 SW	Concing Trust F ECTORS: () Delete REGORY INICAN () Delete BHT, LEONAF 84TH AVE 33187 () Delete ANN, W.J., 96 STREET 33186 () Delete RONALD RD AVE	und Contribution ().	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() (() (() (() (() () (() ()	Change () Addition Change () Addition Change () Addition W.J., ETREET 6 Change () Addition LD EE COURT	ND DIRECTO

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: W. J. KOPPELMANN PD 04/25/2005