2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# S78036

Entity Name: PEOPLES INSURANCE CENTRE INC.

Current Principal Place of Business:

4107 N STATE ROAD 7
STE. C
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4107 N STATE ROAD 7
STE. C
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 65-0284107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAMWELL, GILBERT
5515 DOGWOOD WAY
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

BRAMWELL, GILBERT
4902 FORESTDALE DRIVE
LAKE WORTH, FL 33467 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: _____ 04/23/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRAMWELL, GILBERT,
Address: 5515 DOGWOOD WAY
City-St-Zip: LAUDERHILL, FL 33319

Title: VD ( ) Delete
Name: BRAMWELL, DAWN
Address: 5515 DOGWOOD WAY
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRAMWELL, GILBERT,
Address: 4902 FORESTDALE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change ( ) Addition
Name: BRAMWELL, DAWN
Address: 4902 FOREST DALE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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: GILBERT BRAMWELL PD 04/23/2005
Electronic Signature of Signing Officer or Director — Date