2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# V24878

Entity Name: DAVE VALENTINE INSURANCE, INC.

Current Principal Place of Business:

3217 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3217 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3117734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTINE, DAVE
3217 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: P ( ) Delete
Name: VALENTINE, DAVE,
Address: 122 ARLINGTON RD., N.
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: VALENTINE, INGRID
Address: 122 ARLINGTON RD N.
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: VALENTINE, SAMANTHA
Address: 122 ARLINGTON RD., N.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALENTINE, DAVID L PRES.
Address: 3217 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change ( ) Addition
Name: VALENTINE, INGRID
Address: 3217 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Change ( ) Addition
Name: ELLIS, SAMANTHA V
Address: 3217 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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: INGRID VALENTINE VP 02/10/2005

Electronic Signature of Signing Officer or Director — Date