

No. <b>C 159137</b>		<b>Due no later than Feb 29, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ADVANCED INSURANCE COVERAGES, INC. PAMELA GERALD 455 FAIRWAY DR STE 102 DEERFIELD BEACH FL 33441		CORPORATION SERVICE CO 1401 SHORELINE DR STE 2 BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	P. MICHAEL JONES	555 CORPORATE DRIVE	KALISPELL	MT	USA	59901	
SECRETARY	ELAINE SATHER	555 COPORATE DRIVE	KALISPELL	MT	USA	59901	
DIRECTOR	P. MICHAEL JONES	555 COPORATE DRIVE	KALISPELL	MT	USA	59901	
DIRECTOR	ELAINE SATHER	555 COPORATE DRIVE	KALISPELL	MT	USA	59901	
DIRECTOR	PAMELA B GERALD	455 FAIRWAY DRIVE, STE 102	DEERFIELD BEACH	FL	USA	33441	
DIRECTOR	BARBARA DILaura	455 FAIRWAY DRIVE, STE 102	DEERFIELD BEACH	FL	USA	33441	
5. Organized Under the Laws of:  <b>FL</b> <b>C 159137</b>		6. Annual Report must be signed.*  Signature: Pamela B Gerald Name (type or print): Pamela B Gerald					
		Date: 12/10/2007 Title: EVP/Director					
Processed 12/10/2007      * Electronically provided signatures are accepted as original signatures.							