4. F.

SIGNATURE:

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2006 08:00 AM Secretary of State

DOCUMENT # 106994  1. Entity Name PAUL FERRARO INSURANCE, INC.					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Principal Place 536 E. TARP TARPON SPR	ON AVE	ailing Address 36 E. TARPON AVE ARPON SPRINGS, FL 34689		C CERTIFIC COR	r arija akis lakis laki sisi sisk sis	ika eranti erdik diketik etkimuna za huna
E	O NOT WRITE II	CE	02212008 4. FEI Numb 59-015	61	PED34 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
	), PAUL V RPON AVE SPRINGS, FL 34689	DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or puriled name of registered agent end offer if applicable  (NOTE: Registered Agent eignature required when refirstating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees						
TO.  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  HILE  NAME STREET ADDRESS CITY-ST-ZIP  HILE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PDST FERRARO, PAUL V 536 E. TARPON AVE TARPON SPRINGS, FL 00000.		emolions contained	IN T	NOT WRITHIS SPAC	E 
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 this received or trustee endowered 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 addyss, with all other like empowered.						