


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 290181

1. Entity Name
NATIONAL PREMIUM BUDGET PLAN CORPORATION



Principal Place of Business 5805 BRECKENRIDGE PKWY #A TAMPA, FL 33610 US	Mailing Address 5805 BRECKENRIDGE PKWY #A TAMPA, FL 33610 US
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02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1061650	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, LEONARD J
 5805 BRECKENRIDGE PKWY #A
 TAMPA, FL 33-610x**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREEN, LEONARD 5805 BRECKENRIDGE PKWY #A TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ENGRER, VINCENT 5805 BRECKENRIDGE PKWY #A TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHINITZ, MELVIN 5850 BRECKENRIDGE PKWY #A TAMPA, FL 33610
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 02/24/06-80042-007 150.00

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 the receiver or trustee empowered 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 address, with all other like empowered.

SIGNATURE: *Melvin Chinitz* MELVIN CHINITZ, Controller 2/8/06 248 478-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #