

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511127

FILED
Feb 09, 2006
Secretary of State

Entity Name: THE JOHN GALT INSURANCE AGENCY CORPORATION

Current Principal Place of Business:

6300 NW 5TH WAY
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONS GATE BLVD. #516
CHAMPIONS GATE, FL 33896

New Mailing Address:

FEI Number: 59-1686392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, JAMES D
3511 N.E. 22ND AVENUE
SUITE 100
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

RUDD, JAMES D
6300 NW 5TH WAY
FT. LAUDERDALE, FL 33309 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: _____

Electronic Signature of Registered Agent

02/09/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: RUDD, JAMES D
Address: 3511 N.E. 22ND AVENUE, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: V () Delete
Name: WATT, JOHN S
Address: 1911 NE 59TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: RUDD, JAMES D
Address: 6300 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP (X) Change () Addition
Name: RUDD, CHRISTINA C
Address: 6300 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTINA C RUDD

VP

02/09/2006

Electronic Signature of Signing Officer or Director

Date