## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2006 08:00 AM **Secretary of State DOCUMENT #617263** 1. Entity Name EQUITY INSURANCE UNDERWRITERS, INC. Principal Place of Business Malling Address PO BOX 22-0046 1930 HARRISON STREET HOLLYWOOD, FL 33022-046 US SUITE 306 HOLLYWOOD, FL 33020 02172006 No Chg-₽ CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1894534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STENGEL, MARGARET J DO NOT WRITE 1930 HARRISON STREET SUITE 306 IN THIS SPACE HOLLYWOOD, FL 33020 5. 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. 1 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) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD 717) F STENGEL, MARGARET JACQUELYN NAME U00000440468 33702706-80041-019 150.00 STREET ADDRESS 3501 NORTH 54TH AVENUE HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE NAME STREET ADDRESS C17Y-S7-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 a

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED