

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082116

FILED
Mar 07, 2006
Secretary of State

Entity Name: NATIONAL BONDING & INSURANCE CORP.

Current Principal Place of Business:

1215 SE 2 AVE.
SUITE 101
FT LAUDERDALE, FL 33316

New Principal Place of Business:

320 W OAKLAND PARK BLVD
SUITE B
WILTON MANORS, FL 33311

Current Mailing Address:

1215 SE 2 AVE.
SUITE 101
FT LAUDERDALE, FL 33316

New Mailing Address:

320 W OAKLAND PARK BLVD
SUITE B
WILTON MANORS, FL 33311

FEI Number: 13-4204655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIOS, JUAN P
1215 SE 2 AVE.
SUITE 101
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ALMEIDA, EDUARDO F
320 W OAKLAND PARK BLVD
SUITE B
WILTON MANORS, FL 33311 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: EDUARDO F ALMEIDA

03/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALACIOS, JUAN P
Address: 1215 SE 2 AVE. SUITE 101
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VD (X) Delete
Name: ALMEIDA, EDUARDO F
Address: 1215 SE 2 AVE. SUITE 101
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALMEIDA, EDUARDO F
Address: 320 W OAKLAND PARK BLVD SUITE B
City-St-Zip: WILTON MANORS, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDUARDO F ALMEIDA

P

03/07/2006

Electronic Signature of Signing Officer or Director

Date