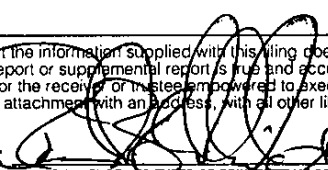


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 044 ***150.00

DOCUMENT # P05000110432 1. Entity Name AMERICAN TRADITIONS INSURANCE COMPANY					
Principal Place of Business 12000 28TH STREET SECOND FLOOR SAINT PETERSBURG, FL 33716			Mailing Address 12000 28TH STREET SECOND FLOOR SAINT PETERSBURG, FL 33716		
2. Principal Place of Business 1528 Lakeview Road		3. Mailing Address PO BOX 5400			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Largo, FL		4. FEI Number 20-3159417	
Zip 33756	Country US	Zip 33779	Country US	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BLACKLIDGE, RAYMOND M 12000 28TH STREET SECOND FLOOR 1528 LAKEVIEW RD SAINT PETERSBURG, FL 33716 CLEARWATER FL 33756	
7. Name and Address of New Registered Agent Name Commissioner of the Office of Insurance Regulation ^{State} FL Street Address (P.O. Box Number is Not Acceptable) 200 EAST GAINES STREET City Tallahassee FL Zip Code 32399				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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERGER, THOMAS J 5900 98TH AVENUE N PINELLAS PARK, FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERGER, T JOHN JR 1961 COVE LANE CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKLIDGE, RAYMOND M 28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERGER, RICHARD M 7963 9TH AVENUE SOUTH ST. PETERSBURG, FL 34665	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, D	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VATTER, DOUGLAS F 8 RIVERSIDE DRIVE CORNWALL ON HUDSON, NY 12520	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, D	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, D	☐ Change ☐ Addition
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:  RAYMOND M. BLACKLEDGE, Secretary 2-21-06 929-561-0013 X142 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50002457



02202006 Chg-P CR2E034 (11/05)