


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000052727</b> 1. Entity Name UNITED INSURANCE GROUP, INC.	
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Principal Place of Business 6741 SW 24TH ST SUITE #58 MIAMI, FL 33155 US	Mailing Address 6741 SW 24TH ST SUITE #58 MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0679747	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BARRIOS, MARIA ELENA 3695 SW 149TH AVENUE MIAMI, FL 33185
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000382810  
 01/12/06-80028-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARIA ELENA, BARRIOS
STREET ADDRESS	3695 SW 149TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	STD
NAME	BARRIOS, EMILY
STREET ADDRESS	3695 SW 149TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Maria Elena Barrios</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>1/7/06</i>	Daytime Phone #: <i>(305) 300-7540</i> <i>(305) 261-1334</i>
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