

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029759

FILED
Feb 07, 2006
Secretary of State

Entity Name: COMMERCIAL INSURANCE RESOURCES, INC.

Current Principal Place of Business:

144 WOODRIDGE TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952247
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3437312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REED, MARIA
144 WOODRIDGE TRAIL
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, MARIA
Address: 144 WOODRIDGE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: ST () Delete
Name: REED, CHUCK
Address: 144 WOODRIDGE TRAIL
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA C. REED

PRES

02/07/2006

Electronic Signature of Signing Officer or Director

Date