2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 08:00 AM Secretary of State

		CE OILI		Secretary of State
DOCUMENT # P97000067849 1. Entity Name INSURANCE MANAGEMENT CORPORATION				,
Principal Place of Business 1112 SE 47TH TERR # D CAPE CORAL, FL 33904 US Making Address POST OFFICE BOX 100478 CAPE CORAL, FL 33910			1) (BBB)(BBB) (1/8 70/0) (BBB)(BBB)(
DO NOT WRITE IN THIS SPA			CE	### 01062006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent GRUDIN, MITCHELL J 1112 SE 47TH TERR, # D CAPE CORAL, FL 33904				DO NOT WRITE IN THIS SPACE
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 of the obligations of registered agent SIGNATURE Signature, typed or primed name of registered agent and title if applicable FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees				
10. THE NAME SIRELY ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP BILE NAME SIREET ADDRESS CITY-ST-ZIP BILE NAME SIREET ADDRESS CITY-ST-ZIP ITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P GRUDIN, MITCHELL J 1634 SE 47TH STREET, STE #10 CAPE CORAL, FL 33904	CTORS		U00000504977 04/26/06-80098-007 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS				

12. I hereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further cartify that the information indicated on this report or supplemental report is total 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:

CHY-SI-ZIP

SIGNATURE SHO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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