


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 027 ***150.00

DOCUMENT # P97000071536

1. Entity Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business Mailing Address

805 EXECUTIVE CENTER BLVD **805 EXECUTIVE CENTER BLVD**
SUITE 300 **SUITE 300**
SAINT PETERSBURG, FL 33702 US **SAINT PETERSBURG, FL 33702 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

805 Executive Center Dr.W **805 Executive Center Dr.W**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 300 **Suite 300**

City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Country Zip Country

33702 **USA** **33702** **USA**

40002248



01042007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3459912 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CS	TITLE	CS
NAME	FASTEAU, MARC	NAME	Fasteau, Marc
STREET ADDRESS	151 WEST 86TH STREET	STREET ADDRESS	77 Seakonk Crossroad
CITY-ST-ZIP	NEW YORK, NY 10024	CITY-ST-ZIP	Great Barrington, MA 01230
TITLE	D	TITLE	VP
NAME	NASON, ROBERT	NAME	Gregory Edward Stewart
STREET ADDRESS	SEAVIEW HOUSE 70 SEAVIEW AVE.	STREET ADDRESS	760 124th Ave. N
CITY-ST-ZIP	STAMFORD, CT 069026040	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	EVP	TITLE	VP
NAME	MILKEY, KEVIN R	NAME	Antonio Scognamiglio
STREET ADDRESS	605 14TH AVE NE	STREET ADDRESS	1436 74th Circle NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	DPT	TITLE	DPT
NAME	AUER, JOHN F	NAME	Auer, John F.
STREET ADDRESS	1281 SNELL ISLE BLVD. NE	STREET ADDRESS	2143 Bayou Grande Blvd NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	D	TITLE	VP
NAME	HENDRICK, GREG	NAME	Mary Frances Fournet
STREET ADDRESS	1 BERMUDIANA RD.	STREET ADDRESS	700 Beach Drive NE, # 403
CITY-ST-ZIP	HAMILTON HM EX, BERMUDA,	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kevin Milkey 1/5/07 727-821-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #