

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014514

FILED
May 31, 2006
Secretary of State

Entity Name: EASTWOOD INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

155 N. RIVERVIEW DR.
ANAHEIM HILLS, CA 92808 US

New Principal Place of Business:

Current Mailing Address:

155 N. RIVERVIEW DR.
ANAHEIM HILLS, CA 92808 US

New Mailing Address:

FEI Number: 65-0895351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNPHY, JOHN R
BLANK, RIGSBY & MEENAN, P.A.
204 S. MONROE ST.
TALAHASSEE, FL 32301. 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: DP () Delete
Name: PARTRIDGE, JUDITH
Address: 155 RIVERVIEW DR.
City-St-Zip: ANAHEIM HILS, CA 92808

Title: T () Delete
Name: TABARES, FELICIANO
Address: 155 RIVERVIEW DR.
City-St-Zip: ANAHEIM HILS, CA 92808

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: FELICIANO TABARES

T

05/31/2006

Electronic Signature of Signing Officer or Director

_____ Date