

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000159472

**FILED**  
**May 31, 2006**  
**Secretary of State****Entity Name:** SPECIALIZED INSURANCE SOLUTIONS, INC.**Current Principal Place of Business:**1800 PEMBROOK DR.  
ORLANDO, FL 32810 US**New Principal Place of Business:**6555 NW 36 ST  
221  
VIRGINIA GARDENS, FL 33166 US**Current Mailing Address:**1800 PEMBROOK DR.  
ORLANDO, FL 32810 US**New Mailing Address:**6555 NW 36 ST  
221  
VIRGINIA GARDENS, FL 33166 US**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTINEZ, JOANNE  
1800 PEMBROOK DR.  
ORLANDO, FL 32810 US**Name and Address of New Registered Agent:**MARTINEZ, JOANNE  
6555 NW 36 ST  
221  
VIRGINIA GARDENS, FL 33166 US

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: JOANNE MARTINEZ

05/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: MARTINEZ, JOANNE  
Address: 1800 PEMBROOK DR.  
City-St-Zip: ORLANDO, FL 32810 US

Title: PRES (X) Delete  
Name: MARTINEZ, JOANNE  
Address: 1800 PEMBROOK DR.  
City-St-Zip: ORLANDO, FL 32810 US

Title: SEC (X) Delete  
Name: MARTINEZ, JOANNE  
Address: 1800 PEMBROOK DR.  
City-St-Zip: ORLANDO, FL 32810 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MARTINEZ, JOANNE  
Address: 6555 NW 36 ST SUITE 221  
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

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: JOANNE MARTINEZ

PRES

05/31/2006

Electronic Signature of Signing Officer or Director

Date