

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000159472

FILED
Aug 02, 2006
Secretary of State**Entity Name:** SPECIALIZED INSURANCE SOLUTIONS, INC.**Current Principal Place of Business:**6555 NW 36 STREET
SUITE #B-221
VIRGINIA GARDENS, FL 33166 US**New Principal Place of Business:****Current Mailing Address:**6555 NW 36 STREET
SUITE # B-221
VIRGINIA GARDENS, FL 33166 US**New Mailing Address:****FEI Number:** 30-0313096**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTINEZ, JOANE
6555 NW 36 ST
221
VIRGINIA GARDENS, FL 33166 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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MARTINEZ, JOANE
Address: 6555 NW 36 ST SUITE B 221
City-St-Zip: VIRGINIA GARDENS, FL 33166 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P () Change (X) Addition
Name: HESLINGTON-PETRE, PATRICIA
Address: 6555 NW 36 ST SUITE B221
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

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: JOANE MARTINEZ

PD

08/02/2006

Electronic Signature of Signing Officer or Director

Date