

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263026

FILED
Jan 26, 2006
Secretary of State

Entity Name: S. SCOTT TINTER INSURANCE AGENCY, INC.

Current Principal Place of Business:

12501 N.W. 7TH AVENUE
P.O. BOX 680340
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

12501 N.W. 7TH AVENUE
P.O. BOX 680340
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-0980959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOCKENBACH BARBARA
12501 NW 7TH AVE
N. MIAMI, FL 33168 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: PD () Delete
Name: GOCKENBACH, BARBARA
Address: 1341 NW 207TH. STREET
City-St-Zip: MIAMI, FL 33169

Title: STVP () Delete
Name: TINTER, WENDY
Address: 540 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146

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: BARBARA GOCKENBACH

PRES

01/26/2006

Electronic Signature of Signing Officer or Director

Date