2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT #281416** 04-27-2006 90151 049 ***150.00 1. Entity Name LIBERTY AMERICAN INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 7111P400+ 7785 66TH ST N 7785 66TH ST N PO BOX 8080 PO BOX 8080 PINELLAS PARK, FL 33780-8080 US PINELLAS PARK, FL 33780-8080 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04102006 Chg-P City & State City & State 4. FEI Number Applied For 59-1059110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, T. BRUCE ELDRIDGE, DANIEL P. Street Address (P.O. Box Number is Not Acceptable) 7785 66TH STREET NORTH 7785 66TH ST NORTH PINELLAS PARK, FL 33781-3113 Zip Code 33781-3113 PINELLAS PARK 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 age 4-18-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and this if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ■ Addition VΠ Delete TITLE TITLE SADLER, CHARLES B NAME NAME STREET ADDRESS STREET ADDRESS 11722 WALKER AVE CITY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 33772 Delete TITL F PD X Change Addition TITLE MEYER, BRUCE T NAME NAME STREET ADDRESS **506 BROOKTREE CT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FL 33548 **D√**5 T Change Addition DVD ☐ Delete TITLE TITLE KELLER, CRAIG P NAME 29 WOODCRAFT ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP HAVERTOWN, PA 19083 CITY-ST-ZIP TITLE ☐ Change Addition X Delete TITLE ELDRIDGE, DANIEL P NAME STREET ADDRESS 1540 GULF BLVD #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33767 ☐ Addition TITLE ☐ Change ☐ Delete TITLE MAGUIRE, JAMES JR NAME 215 DRESHERTOWN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WASHINGTON, PA 19034 CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE MEYER, KENNETH A. NAME 2944 BAY MEADOW CT. STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33731 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.

Pres.

OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

4-18-06

727-546-8911

Daytime Phone #

FILED