2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 430472

Entity Name: AMEDEX INSURANCE COMPANY

FILED Dec 08, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7001 SW 97TH AVE 7001 S W 97TH AVENUE MIAMI, FL 33173 US MIAMI, FL 33173 US

Current Mailing Address: New Mailing Address:

7001 SW 97TH AVE 7001 S W 97TH AVENUE MIAMI, FL 33173 US MIAMI, FL 33173 US

FEI Number: 59-1485499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHAEL A CARRICARTE MALTBY, ALFRED D P
7001 SW 97TH AVE 7001 S W 97TH AVENUE
MIAMI, FL 33173 US MIAMI, FL 33173 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: ALFRED DAVID MALTBY 12/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD () Delete Title: D (X) Change () Addition Name: CARRICARTE, MICHAEL, L Name: HOLDEN, DEAN A D

Address: 7001 SW 97TH AVE Address: 15 - 19 BLOOMSBURY WAY
City-St-Zip: MIAMI, FL City-St-Zip: LONDON, XX WC1A 2BA UK

Title: DV () Delete Title: D (X) Change () Addition

Name:CARRICARTE, MICHAEL, A.Name:DAVIES, JULIAN P DAddress:7001 SW 97TH AVEAddress:15 - 19 BLOOMSBURY WAY

City-St-Zip: MIAMI, FL City-St-Zip: LONDON, XX WC1A 2BA UK

Title: (X) Change () Addition Title: DTS () Delete KOLBER, CLIFFORD RODERMAN, CHARLENE D Name: Name: 7001 SW 97TH AVENUE 13 MAYFORD ROAD, FLAT #2 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: LONDON, XX SW12 8RZ UK

Title: D () Delete Title: D (X) Change () Addition Name: LOPEZ, FRANCISCO D Address: 7001 SW 97 AVE. Address: 7001 SW 97 TH AVENUE

MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete Title: D (X) Change () Addition Name: LINARES-GRANT, ELAINE Name: ZIPPER, EMMA D

Address: 7001 SW 97 AVENUE Address: 2 BRAMERTON ROAD, CAULFIELD
City-St-Zip: MIAMI, FL 33173 City-St-Zip: MELBOURNE, VICTORIA, XX 33162 AU

Title: D () Change (X) Addition

 Inte:
 () Delete
 Inte:
 D
 () Change (X) AC

 Name:
 Name:
 NARCIANDI, ELIZABET D

 Address:
 Address:
 7001 S W 97TH AVENUE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33173 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: ELIZABET NARCIANDI D 12/08/2006