

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480260

FILED
Mar 22, 2006
Secretary of State

Entity Name: THE UNINSURED RELATIVE WORKSHOP, INC.

Current Principal Place of Business:

1645 NORTH LEXINGTON AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1645 NORTH LEXINGTON AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-1648274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTH, WILLIAM R.
2217 EAST NEW YORK AVENUE
DELAND, FL 32724 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: BOOTH, WILLIAM R.,
Address: 2217 E. NEW YORK AVENUE
City-St-Zip: DELAND, FL

Title: ST () Delete
Name: TOSH, LYNN M
Address: 2529 EUSTACE AVE
City-St-Zip: DELTONA, FL 32725

Title: GMGR () Delete
Name: DIERLEIN, GARY
Address: 1016 STAGGER BUSH PLACE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT (X) Change () Addition
Name: AHSMANN, HERMAN O
Address: 212 LOURDAN CT
City-St-Zip: DEBARY, FL 32713

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: HERMAN O. AHSMANN

CONT

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date