2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521102

Entity Name: BRANSFORD INSURANCE ASSOCIATES, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5035 E BUSCH BLVD #8 5035 E BUSCH BLVD PO BOX 16724 SUITE 8 TAMPA, FL 336873724 TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

5035 E BUSCH BLVD #8 810 BEN LOMOND DRIVE PO BOX 16724 TEMPLE TERRACE, FL 33617 TAMPA, FL 336873724

FEI Number: 59-1713644 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:

BRANSFORD, JAMES C 810 BEN LOMOND DRIVE TEMPLE TERRACE, FL 33617 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BRANSFORD, JAMES C., BRANSFORD, JAMES C., Name: Name: 810 BEN LOMOND DRIVE Address: 810 BEN LOMOND DRIVE Address: City-St-Zip: TEMPLE TERRACE, FL City-St-Zip: TEMPLE TERRACE, FL 33617

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: JAMES C. BRANSFORD PD 04/26/2006