


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 664352**  
 1. Entity Name  
**SURETY UNDERWRITERS, INC.**



Principal Place of Business      Mailing Address  
**2110 HERSCHEL STREET**      **2110 HERSCHEL STREET**  
**JACKSONVILLE, FL 32204**      **JACKSONVILLE, FL 32204**      **US**      **US**

**DO NOT WRITE IN THIS SPACE**



02142006      No Chg-P      CRZE034 (11/05)

4. FEI Number      Applied For  
**59-1969646**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LORBANO III, THOMAS S**  
**2110 HERSCHEL ST**  
**JACKSONVILLE, FL 32204**

**DO NOT WRITE IN THIS SPACE**

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 agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOBRANO, THOMAS S., III 10420 SYLVAN LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CONGELIO, JAMES C. 1849 SEMINOLE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LOBRANO, SHARYN A 10420 SYLVAN LANE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/03/06-20023-017 150.00

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.

**SIGNATURE:**  **President**      **02/16/06**      **904-388-5002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #