2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707037

FILED Feb 13, 2006 Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 5035 REGENCY ISLES WAY COOPER CITY, FL 33330 **Current Mailing Address: New Mailing Address:** P.O. BOX 551348 DAVIE, FL 333551348 US FEI Number: 59-0944561 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: FASSBACH, KAREN P 5035 REGENCY ISLES WAY COOPER CITY, FL 33330 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition GREINER, RAMONA MENENDEZ, ROBERTO Name: Name: 2510 E. OAKLAND PARK BLVD. Address: 1314 EAST ATLANTIC BLVD Address: City-St-Zip: FT LAUDERDALE, FL 33306 US City-St-Zip: POMPANO BEACH, FL 33060 US Title: Title: () Delete (X) Change () Addition MENENDEZ, ROBERTO Name: GIBBS, RICK Name: Address: 1314 EAST ATLANTIC BLVD. Address: 1000 SOUTH STATE ROAD 7 City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: PLANTATION, FL 33317 US Title: Title: (X) Change () Addition () Delete GIBBS, RICK SCHWARTZ, KEN Name: Name: 1000 S. STATE ROAD 7 2179 NORTH STATE ROAD 7 Address: Address: City-St-Zip: PLANTATION, FL 33317 US City-St-Zip: MARGATE, FL 33063 US Title: () Delete Title: (X) Change () Addition GREINER, RAMONA Name: ENGLISH, TAM Name: 510 S. ANDREWS AVENUE 2510 EAST OAKLAND PARK BLVD Address: Address: City-St-Zip: FT LAUDERDALE, FL 33301 US City-St-Zip: FT LAUDERDALE, FL 33306 US Title: ED () Delete Title: () Change () Addition FASSBACH, KAREN Name: Name: 5035 REGENCY ISLES WAY Address: Address: City-St-Zip: COOPER CITY, FL 33330 US City-St-Zip: Title: () Delete Title: () Change () Addition PEEPLES, BROOKSIE Name: Name: Address: 5720 MARGATE BLVD. Address: MARGATE, FL 33063 US City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PRIESTER FASSSBACH ED 02/13/2006