2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722829

FILED May 15, 2006 Secretary of State

Entity Name: FLORIDA SURETY AGENTS ASSOCIATION, INC.

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

3217 ATLANTIC BLVD

JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

3217 ATLANTIC BLVD 6847A NORTH 9TH AVENUE #158 JACKSONVILLE, FL 32207 US PENSACOLA, FL 32504

FEI Number: 59-3065288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DAVE, VALENTINE 3217 ATLANTIC BLVD JACKSONVILLE, FL 32207 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP (X) Change () Addition () Delete

REED, RICO VALENTINE, DAVE Name: Name: 6155 S FLORIDA AVENUE #7 Address: 3217 ATLANTIC BLVD Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change () Addition VALENTINE, DAVE Name: VALENTINE, WANDA Name:

Address: 3217 ATLANTIC BLVD Address: 12300 NW GAINESVILLE RD City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: REDDICK, FL 326863902

Title: () Delete Title: () Change () Addition

CAPENER, ROGER Name: Name: 9861 NW 51 LANE Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip:

Title: DVP () Delete Title: VΡ (X) Change () Addition MONCRIEF, BRUCE Name: Name: ESTES, AL

3910 S JOHN YOUNG PKWY 13790 49TH STREET NORTH Address: Address:

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: CLEARWATER, FL 33762

Title: () Delete Title: DS (X) Change () Addition

STINES, JUDY STEIDING, MARVIN Name: Name: 5560 ROOSEVELT BLVD 1954 MAIN ST Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: SARASOTA, FL 34236

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: CHARLES DORSETT ED 05/15/2006