## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000378

Entity Name: DENNIS SCOTT MAIR ACTUARIAL SERVICES LTD. (CORP)

FILED Mar 05, 2006 Secretary of State

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

1000 ISLAND BLVD., APT 3103 6810 MILANI STREET WILLIAMS ISLAND LAKE WORTH, FL 33467 AVENTURA, FL 33160

Current Mailing Address: New Mailing Address:

1000 ISLAND BLVD., APT 3103 6810 MILANI STREET WILLIAMS ISLAND LAKE WORTH, FL 33467 AVENTURA, FL 33160

FEI Number: 13-3168587 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:

MAIR, DENNIS S
1000 ISLAND BLVD. APT 3103
AVENTURA, FL 33160 US

TORIELLO, DENISE S
6810 MILANI STREET
LAKE WORTH, FL 33467 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: DENISE S. TORIELLO 03/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MAIR, DENNIS S

Address: 1000 ISLAND BLVD., APT 3103
City-St-Zip: AVENTURA, FL 33160 US

 Title:
 DIR
 (X) Delete

 Name:
 TORIELLO, DENISE S DIR

 Address:
 1000 ISLAND BLVD, #3103

 City-St-Zip:
 AVENTURA, FL 33160 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PSTD (X) Change ( ) Addition
Name: TORIELLO, DENISE S
Address: 6810 MILANI STREET
City-St-Zip: LAKE WORTH, FL 33467 US

Title: Name: Address: Citv-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: DENISE S TORIELLO PRES 03/05/2006