## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000238

Entity Name: AMWINS BROKERAGE OF NEW JERSEY, INC

FILED Apr 11, 2007 Secretary of State

Entity Name: AMWINS BROKERAGE OF NEW JERSEY, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
4064 COLONY RD., SUITE 450 CHARLOTTE, NC 28211				485 ROUTE 1 SOUTH PLAZA E - SUITE 290 ISELIN, NJ 08830		
Current Mailing Address:				New Mailing Address:		
4064 COLONY RD., SUITE 450 CHARLOTTE, NC 28211				485 ROUTE 1 SOUTH PLAZA E - SUITE 290 ISELIN, NJ 08830		
FEI Number:	22-3297313	FEI Number Applied For ( )	FEI Num	ber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US				d eff
	named entity s of Florida.	ubmits this statement for the p	urpose or	cnanging it	s registere	d office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CICCARELLI, Ć	OUTH, PLAZA E, SUITE 290		Title: Name: Address: City-St-Zip:		(X) Change ()Addition MICHAEL STEVEN : 1 SOUTH PLAZA E - SUITE 290 08830
Title: Name: Address: City-St-Zip:	VS () PURVIANCE, SO 4064 COLONY CHARLOTTE, N	RD., SUITE 450		Title: Name: Address: City-St-Zip:	VPSD PURVIANCE 485 ROUTE ISELIN, NJ	1 SOUTH PLAZA E - SUITE 290
Title: Name: Address: City-St-Zip:	CEOD () DECARLO, STE 4064 COLONY CHARLOTTE, N	RD., SUITE 450		Title: Name: Address: City-St-Zip:	P MORSE, PA 485 ROUTE ISELIN, NJ	1 SOUTH PLAZA E - SUITE 290
Title: Name:	V () DIXON. BILL	Delete		Title: Name:	AS HIGBEA. AN	(X) Change()Addition IGELA

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: DECARLO, MICHAEL STEVEN DCEO 04/11/2007

150 MORRISTOWN RD., PLAZA 202

(X) Delete

BERNARDAVILLE, NJ 07924

4064 COLONY RD., SUITE 450

CHARLOTTE, NC 28211

HIGBEA, ANGELA

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

485 ROUTE 1 SOUTH PLAZA E - SUITE 290

( ) Change ( ) Addition

ISELIN, NJ 08830