2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007078

P. O. BOX 3646

OMAHA, NE 681030646

Address:

City-St-Zip:

Entity Name: APPLIED UNDERWRITERS, INC

FILED Apr 04, 2007 Secretary of State

Entity Nai	me: APPLIEL	OUNDERWRITERS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10805 OLE OMAHA, N	D MILL RD. NE 68154					
Current Mailing Address:			New Maili	New Mailing Address:		
10805 OLE OMAHA, N	D MILL RD. NE 68154					
FEI Number	: 94-3252393	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of N	lew Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD				
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD (MENZIES, STI P. O. BOX 364 OMAHA, NE 6	16	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (STAFFORD, F P. O. BOX 364 OMAHA, NE 6	16	Title: Name: Address: City-St-Zip:	V (X STAFFORD, RO P. O. BOX 3644 OMAHA, NE 68	6	
Title: Name: Address: City-St-Zip:	S (SILVER, JEFF P. O. BOX 364 OMAHA, NE 6	16	Title: Name: Address: City-St-Zip:	SD (X SILVER, JEFFI P. O. BOX 3641 OMAHA, NE 68	6	
Title: Name:	D (FERENC. SID) Delete NEY	Title: Name:) Change () Addition	

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:

City-St-Zip:

SIGNATURE: STEVEN MENZIES P 04/04/2007