


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F25731
 1. Entity Name
 NATIONAL INSURANCE BROKERS, INC.



Principal Place of Business
 4018 BUCHANAN ST
 HOLLYWOOD, FL 33021 US

Mailing Address
 P.O. BOX 81-7237
 HOLLYWOOD, FL 33081-0237 US

DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2077886 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STOODLEY, JAMES J
 4018 BUCHANAN ST
 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOODLEY, JAMES J
STREET ADDRESS	4018 BUCHANAN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	PST
NAME	STOODLEY, JAMES J
STREET ADDRESS	4018 BUCHANAN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	DVP
NAME	STOODLEY, ANDREA M
STREET ADDRESS	4018 BUCHANAN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/10/06-80036-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE James J. Stoodley **JAMES J. STOODLEY, PRESIDENT** 1/9/06 (954)962-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #