2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32221

FILED Apr 12, 2006 Secretary of State

Entity Name: ATLANTIC PACIFIC INSURANCE, INCORPORATED

Current P							
Current Principal Place of Business:				New Princip	New Principal Place of Business:		
	OSPERITY FA	RMS ROAD S	SUITE #123				
	GORY J BEHL ACH GARDEN	S, FL 33410	US				
Current N	lailing Addres	ss:		New Mailing	Address:		
11382 PR	OSPERITY FA	RMS ROAD S	SUITE #123				
C/O GREC	GORY J BEHL ACH GARDEN		US				
El Number	: 59-2085342	FEI Number	Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired (()	
Name and	d Address of C	urrent Regis	tered Agent:	Name and A	ddress of New Registered Agent:		
	EGORY J	RMS ROAD					
SUITE 123			463 US				
The above				urpose of changing its	registered office or registered agent, or	both,	
SIGNATU	RE:						
	Electror	nic Signature c	of Registered Age	nt	Date		
Election Ca	mpaign Financin	g Trust Fund Co	entribution ().				
	mpaign Financin	_	entribution ().	ADDITIONS	CHANGES TO OFFICERS AND DIRE	CTOR	
OFFICER. Title: Jame: Address:	S AND DIREC	TORS: Delete RY J YON WAY	ntribution ().	ADDITIONS Title: Name: Address: City-St-Zip:	CHANGES TO OFFICERS AND DIRE	ECTOR	
DFFICER. Title: Name: Address: Dity-St-Zip: Title: Name: Address:	S AND DIREC DP (BEHL, GREGO 10218 S.E. BAI TEQUESTA, FL	TORS: Delete RY J NYON WAY 33469 US Delete FERY ALAN RD	ntribution ().	Title: Name: Address:		CTOR	
	S AND DIREC DP (BEHL, GREGO 10218 S.E. BAI TEQUESTA, FL DVP (HOOKER, JEFI 1633 W LAKE BELLE GLADE DT (PEACE, DOUG 4762 PALO VE	TORS: Delete RY J NYON WAY 33469 US Delete FERY ALAN RD FL 33430 US Delete LAS A		Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	CTOR	
DFFICER Title: lame: kddress: Dity-St-Zip: Title: lame: kddress: Dity-St-Zip: Title: lame: kddress:	S AND DIRECT DP (BEHL, GREGO 10218 S.E. BAI TEQUESTA, FL DVP (HOOKER, JEFI 1633 W LAKE BELLE GLADE DT (PEACE, DOUG 4762 PALO VE BOYNTON BEA	TORS: Delete RY J NYON WAY 33469 US Delete FERY ALAN RD FL 33430 US Delete LAS A RDE DR CH, FL 33436 U Delete HEW A RY DR		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	ECTOR	

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:	GREGORY J BEHL	DP	04/12/2006
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