2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# F70920

Entity Name: CAREFREE INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

4700 SHERIDAN ST.
BLDG. J
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4700 SHERIDAN ST.
BLDG. J
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2169918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATELSON, SHERYL
4700 SHERIDAN ST.
BLDG. J
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

NATELSON, ROBERTA
4700 SHERIDAN ST.
BLDG. J
HOLLYWOOD, FL 33021 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: ROBERTA NATELSON 09/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NATELSON, ROBERTA,
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

Title: DV ( ) Delete
Name: NATELSON, GERALD
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

Title: DV ( ) Delete
Name: NATELSON, SHERYL S
Address: 4700 SHERIDAN ST, BLDG J
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: NATELSON, ROBERTA,
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

Title: D (X) Change ( ) Addition
Name: NATELSON, GERALD
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

Title: D (X) Change ( ) Addition
Name: NATELSON, SHERYL S
Address: 4700 SHERIDAN ST, BLDG J
City-St-Zip: HOLLYWOOD, FL 33021

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: ROBERTA NATELSON PST 09/25/2006
Electronic Signature of Signing Officer or Director Date