

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000317

Entity Name: NATIONAL PREMIUM, INC.

FILED
Aug 11, 2006
Secretary of State

Current Principal Place of Business:

N 26 W 23315 PAUL RD
PEWAUKEE, WI 53072

New Principal Place of Business:

Current Mailing Address:

PO BOX 547
PEWAUKEE, WI 53072

New Mailing Address:

FEI Number: 39-1133200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEASON, JOHN W
1485 SW 6TH COURT
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

GLEASON, JOHN W
2411 QUANTUM BLVD
BOYNTON BEACH, FL 33426 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:

08/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, RICHARD A
Address: 804 N PINYON CT
City-St-Zip: HARTLAND, WI 530298662

Title: S () Delete
Name: SCHMIDT, KAY W 315 S11
Address: 804 N PINYON CT
City-St-Zip: HARTLAND, WI 530298662

Title: V () Delete
Name: LILLUND, WARREN
Address: 4912 HOLLYWOOD AVE
City-St-Zip: WHITEFISH BAY, WI 53217

Title: V () Delete
Name: GLEASON, JOHN W
Address: W276 N2613 LILY CTE
City-St-Zip: PEWAUKEE, WI 53072

Title: V () Delete
Name: RIVEST, KIMBERLY
Address: 1108 N MILWAUKEE ST #124
City-St-Zip: MILWAUKEE, WI 53202

Title: V () Delete
Name: SCHMIDT, STEPHEN
Address: 12106 W. BLUEMOUND
City-St-Zip: WAUWATOSA, WI 53226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN W GLEASON

V

08/11/2006

Electronic Signature of Signing Officer or Director

Date