## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000001225

Entity Name: PRUDENTIAL INSURANCE BROKERAGE, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2910 E. CA PHOENIX,		D. SUITE 200 US		
Current Mailing Address:			New Mailing Address:	
213 WASHINGTON STREET 17TH FLOOR NEWARK, NJ 07102 US				
FEI Number:			nber Not Appli	cable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:				
		nic 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:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( BERESFORD, 213 WASHING NEWARK, NJ	STON ST	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition GREENE, JOHN 213 WASHINGTON ST NEWARK, NJ 07102
Title: Name: Address: City-St-Zip:	AS ( TIMMONS, BR 213 WASHING NEWARK, NJ	STON ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	AC ( GOSLIN, RAYI 213 WASHING NEWARK, NJ	STON ST	Title: Name: Address: City-St-Zip:	AC (X) Change ( ) Addition PAVLOU, JANICE 213 WASHINGTON ST NEWARK, NJ 07102
Title: Name: Address: City-St-Zip:	VP (X ANBACHER, N 213 WASHIING NEWARK, NJ	GTON ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T ( ECKERT, WIL 213 WASHING NEWARK, NJ	STON ST	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition CHAPLIN, CEDWARD 751 BROAD STREET NEWARK, NJ 07102
Title: Name: Address: City-St-Zip:	AT (X PAVLOU, JAN 213 WASHING NEWARK NJ	STON ST	Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: JANICE PAVLOU AC 05/01/2006