2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001391

Entity Name: NEW YORK UNDERWRITERS, INC

FILED Jan 18, 2007 Secretary of State

,					
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	ORTHERN A\ , AZ 85021	/E., #200		15950 N. 76TH STREET #200 SCOTTSDALE, AZ 85260	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
1717 W NORTHERN AVE., #200 PHOENIX, AZ 85021			15950 N. 76TH STEET #200 SCOTTSDALE, AZ 85260		
FEI Number	: 86-0709233	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1200 SOU PLANTATI	PORATION SY ITH PINE ISLA ION, FL 3332	ND ROAD 4 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (MERTEL, MAF 4401 E BERYI PHOENIX, AZ		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MERTEL, MAF 4401 E. BERY PHOENIX, AZ		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: MARK MERTEL PRES 01/18/2007