

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J35463

1. Entity Name
INSURANCE BUSINESS CONSULTANTS, INC.



**FILED
Apr 20, 2006 8:00 am
Secretary of State**

04-20-2006 90191 012 ***150.00

Principal Place of Business
3660 CENTRAL AVE
STE # 7
FORT MYERS, FL 33901 US

Mailing Address
PO BOX 2030
FORT MYERS, FL 33902 US



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2708879	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUKE, M. THOMAS, JR.
3660 CENTRAL AVE
STE # 7
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUKE, M. THOMAS, JR.
STREET ADDRESS 3660 CENTRAL AVE STE # 7
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06 239-997-4084
Date Daytime Phone #