

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90002 034 \*\*\*150.00

<b>DOCUMENT # J99299</b> 1. Entity Name: INSURANCE BY KAISER, INC.					
Principal Place of Business 31 OCEAN REEF DRIVE A-202 KEY LARGO, FL 33037 US			Mailing Address 31 OCEAN REEF DRIVE A-202 KEY LARGO, FL 33037 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0016845</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUMMINGS, PATRICIA L 31 OCEAN REEF DRIVE SUITE A 202 KEY LARGO, FL 33037				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST CUMMINGS, PATRICIA L 31 OCEAN REEF DRIVE, STE A-202 KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CUMMINGS, PATRICIA L 31 OCEAN REEF DRIVE, STE A-202 KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; and 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 the attachment with an address, with all other filers empowered.					
SIGNATURE: <u>Patricia Cummings</u> 7/14/06 305-367-3467					

ATTACHMENT  
66023333

**Rosenbloom, Davis & Tolley, P.L.L.C.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

9200 S. Dadeland Blvd. • Suite #412  
Miami, FL 33156  
Office 305.670.1001 • Fax 305.670.1888

97665 Overseas Highway  
Key Largo, FL 33037  
Office 305.852.9898 • Fax 305.852.9997

[www.rdt.com](http://www.rdt.com)

August 7, 2006

Florida Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Taxpayer: Insurance by Kaiser, Inc.  
Document #: J992999

To Whom It May Concern:

Enclosed is a copy of your Notice of Annual Report Penalty requesting \$400.00 from the above referenced taxpayer, Insurance by Kaiser, Inc. Please abate the \$400 late filing penalty for the 2006 For Profit Corporation Annual Report for this corporation for reasonable cause.

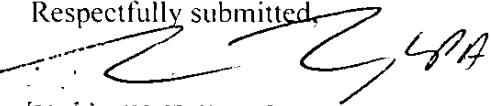
Taxpayer was not aware that it was necessary to download the form from the Secretary of State website, and as such, the Annual Report Form was not received by this corporation.

This corporation filed its 2006 For Profit Corporation Annual Report as soon as practically possible. It was necessary for this corporation to engage the services of an independent accountant to obtain the necessary Annual Report Form and it was not received by the taxpayer until July 14, 2006.

Neither an Annual Report Form nor a Request Postcard was received by the taxpayer from the Secretary of State. Any annual reports downloaded from the Secretary of State website prior to May 1, 2006, were downloaded by taxpayer's independent accountant for information purposes, but were not forwarded to the taxpayer.

Please abate the \$400 late filing penalty for the 2006 For Profit Corporation Annual Report for this corporation for reasonable cause.

Respectfully submitted,

  
Shawn W. Tolley, C.P.A.

File: T2-Insurance by Kaiser, Inc. (FL Sec Abate) - 8-7-06