2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50377

FILED Apr 26, 2006 Secretary of State

Entity Name: RON TROWELL INSURANCE AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

175 NW 138TH TERRACE 7731 NEWBERRY ROAD SUITE 100 SUITE A-2

JONESVILLE, FL 32669 GAINESVILLE, FL 32606

Current Mailing Address: New Mailing Address:

175 NW 138TH TERRACE7731 NEWBERRY ROADSUITE 100SUITE A-2JONESVILLE, FL 32669GAINESVILLE, FL 32606

FEI Number: 59-2997884 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:

TROWELL, RON
175 NW 138TH TERRACE
SUITE 100
JONESVILLE, FL 32669 US

TROWELL, RON
7731 NEWBERRY ROAD
SUITE A-2
GAINESVILLE, FL 32606 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: 04/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: TROWELL, RON Name: TROWELL, RON

Address: 175 NW 138TH TERRACE, #100 Address: 7731 NEWBERRY ROAD SUITE A-2

City-St-Zip: JONESVILLE, FL 32669 City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete Title: ST (X) Change () Addition

Name: TROWELL, DARLENE Name: TROWELL, DARLENE

Address: 175 NW 138TH TERRACE #100 Address: 7731 NEWBERRY ROAD SUITE A-2

City-St-Zip: JONESVILLE, FL 32669 City-St-Zip: GAINESVILLE, FL 32606

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: RON TROWELL P 04/26/2006