## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L63642

FILED Jan 13, 2006 Secretary of State

Entity Name: ALLEY, REHBAUM & CAPES ASSURANCE, INC.

Current Principal Place of Business:			New Principal Place of Business:		
O BOX	F TO BAY BLVD 4620 ATER, FL 33758				
Current Mailing Address:			New Mailing Address:		
O BOX	F TO BAY BLVD 4620 ATER, FL 33758				
El Number	: 59-3010095 FEI Number A	pplied For ( ) Fi	El Number Not App	licable ( ) Certificate of Status Desired ( )	
lame and	d Address of Current Regist	tered Agent:	Name and	Address of New Registered Agent:	
433 GUL	R, CYNTHIA F TO BAY BLVD ATER, FL 33758 US				
	e named entity submits this sta e of Florida.	atement for the purpo	ose of changing i	ts registered office or registered agent, or both	
IGNATU					
	Electronic Signature of	Registered Agent		Date	
lection Ca	mpaign Financing Trust Fund Cor	ntribution ( ).			
FFICER	S AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	ST () Delete WATERS, DONALD E SR 2433 GULF TO BAY BLVD CLEARWATER, FL 33765  P () Delete HOOD, KRISTEN 2293 BEVERLY LANE CLEARWATER, FL 33764		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	COOD (X) Change ( ) Addition FLETCHER, CYNTHIA W 11000 GULF BLVD #1504 TREASURE ISLAND, FL 33706  PSTD (X) Change ( ) Addition HOOD, KRISTEN W 2293 BEVERLY LANE CLEARWATER, FL 33764	
tle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	CFO () Delete FLETCHER, CYNTHIA 11000 GULF BLVD #1504 TREASURE ISLAND, FL 33706 DV () Delete WATERS, DONALD E JR 1604 GOVERNORS LN		Title: Name: Address: City-St-Zip: Title: Name: Address:	V (X) Change ( ) Addition GLORIOSO, VICKIE S 1558 PENNSYLVANIA AVE PALM HARBOR, FL 34683  VD (X) Change ( ) Addition WATERS, DONALD E JR 1604 GOVERNORS LN	
itty-St-Zip: ittle: lame: ddress: itty-St-Zip:	SAFETY HARBOR, FL 34695  V () Delete WATERS, WILLIAM G 2236 LAKEVIEW WAY PALM HARBOR, FL 34683		City-St-Zip: Title: Name: Address: City-St-Zip:	SAFETY HARBOR, FL 34695  ( ) Change ( ) Addition	
	V () Delete		Title: Name:	() Change () Addition	

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: KRISTEN W. HOOD

PSTD

01/13/2006