2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M05283

1. Entity Name
BRITAMCO UNDERWRITERS, INC.



Principal Place of Business

925 S. FEDERAL HWY SUITE 715 BOCA RATON, FL 33432 Mailing Address

925 S. FEDERAL HWY SUITE 715 BOCA RATON, FL 33432

FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90069 047 ***150.00



01122006

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2472983

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WEICHOLZ, STEPHEN 925 S. FEDERAL HWY SUITE 715 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	eth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	1 Agent signature	e 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		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEICHOLZ, STEPHEN 925 S. FEDERAL HWY BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

HURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-2-06

Date

Daytime Phone #