

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47995

FILED
Apr 27, 2006
Secretary of State

Entity Name: BROWARD DISCOUNT INSURANCE & TAGS, INC.

Current Principal Place of Business:

4930 N.PINE ISLE RD.
LAUDERHILL, FL 33351

New Principal Place of Business:

PO BOX 25520
TAMARAC, FL 33320

Current Mailing Address:

4930 N.PINE ISLE RD.
LAUDERHILL, FL 33351

New Mailing Address:

PO BOX 25520
TAMARAC, FL 33320

FEI Number: 59-2779226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, DIANA E PRES
4930 N PINE ISLAND RD
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

LEVIN, DIANA E PRES
740 E PLANTATION CIRCLE
PLANTATION, FL 33324 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVIN, DIANA E PRES
Address: 4930 N. PINE ISLAND RD
City-St-Zip: LAUDERHILL, FL 33351

Title: STD () Delete
Name: LEVIN, ROBERT A SEC/TR
Address: 4930 N. PINE ISLAND RD
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVIN, DIANA E PRES
Address: 740 E PLANTATION CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: STD (X) Change () Addition
Name: LEVIN, ROBERT A SEC/TR
Address: 740 E PLANTATION CIRCLE
City-St-Zip: PLANTATION, FL 33324

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: DIANA E. LEVIN, PRESIDENT

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date