2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M62624

FILED Jan 23, 2006 Secretary of State

Entity Name: CHELSEA SURPLUS UNDERWRITERS INC.

Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
	PRHIES AVE D, FL 32803	US		
Current N	lailing Addres	ss:	New Mailing Addre	ss:
P. O. BOX ORLANDO	.140595), FL 3281405	95 US		
FEI Number	: 59-2858609	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:
213 SÓUT	HN V., ESQUI H SWOOPE A D, FL 32751			
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Ca		nic Signature of Registered Age g Trust Fund Contribution().	nt	Date
		g Trust Fund Contribution ().		Date BES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address:	mpaign Financin S AND DIREC	g Trust Fund Contribution (). TORS: Delete USSELL ES AVE		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (SHEPHERD, R 756 HUMPHRII ORLANDO, FL	g Trust Fund Contribution (). TORS:) Delete USSELL ES AVE 32803) Delete EBORAH ES AVE	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS
	PD (SHEPHERD, R 756 HUMPHRII ORLANDO, FL SHEPHERD, D 756 HUMPHRII ORLANDO, FL	g Trust Fund Contribution (). FTORS: Delete USSELL ES AVE 32803 Delete EBORAH ES AVE 32803 Delete AM A ES AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition

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: RUSSELL SHEPHERD PD 01/23/2006