## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M75312

ESTERO, FL 33928

City-St-Zip:

Entity Name: BALLO & ASSOCIATES INSURANCE, INC.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11680 BONITA BCH RD SUITE #202 BONITA SPRINGS, FL 33923 US				11680 BONITA BCH RD SUITE #202 BONITA SPRINGS, FL 34135 US		
Current Mailing Address:				New Mailing Address:		
P.O. BOX BONITA S		341331989 US				
FEI Number: 65-0037006		FEI Number App	olied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
9746 SPRI ESTERO,	ING RIDGE CI FL 33928 U	JS				
	e named entity e of Florida.	submits this state	ement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of F	Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Conti	ribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BALLO, DONAI	RIDGÉ CIRCLE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	BALLO, CAMÌL	) Delete LE R., RIDGE CIRCEL		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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: DON BALLO PRES 01/23/2006