2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85389

Entity Name: KUHNE INSURANCE AGENCY, INC.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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615 S. SEMERON BLVD. ORLANDO, FL 32807 US

Current Mailing Address: New Mailing Address:

P.O. BOX 574596 P.O. BOX 574596

ORLANDO, FL 32807 US ORLANDO, FL 32857 US

FEI Number: 59-2870134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KUHNE, DONALD
615 S. SEMORAN BLVD
ORLANDO, FL 32807 US

KUHNE, MARY
615 S. SEMORAN BLVD
ORLANDO, FL 32807 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: MARY KUHNE 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 KUHNE, DONALD,
 Name:

 Address:
 2915 TRENTWOOD BLVD.
 Address:

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 KUHNE, MARY,
 Name:

 Address:
 2915 TRENTWOOD BLVD.
 Address:

 City-St-Zip:
 ORLANDO, FL
 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: MARY KUHNE SEC 01/03/2006