


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90360 022 \*\*\*150.00

<b>DOCUMENT # M88832</b> 1. Entity Name <b>AMERICAN SECURITY INSURANCE BROKERAGE, INC.</b>					
Principal Place of Business <b>687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS, FL 32714-4633 US</b>			Mailing Address <b>687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS, FL 32714-4633 US</b>		
2. Principal Place of Business <b>937 VINEYRIDGE RUN Suite, Apt. #, etc. 105</b>		3. Mailing Address <b>937 VINEYRIDGE RUN Suite, Apt. #, etc. 105</b>			
City & State <b>ALTAMONTE SPRINGS, FL.</b>		City & State <b>ALTAMONTE SPRINGS, FL.</b>		4. FEI Number <b>65-0057808</b>	
Zip <b>32714-1761</b>		Country <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ORINKAWITZ, MIRIAM 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>937 VINEYRIDGE RUN #105</b> City <b>ALTAMONTE SPRINGS</b> FL Zip Code <b>32714-1761</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORINKAWITZ, MARK A. <input type="checkbox"/> Delete 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 327144633		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>937 VINEYRIDGE RUN #105 ALTAMONTE SPRINGS, FL 32714-1761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ORINKAWITZ, MIRIAM <input type="checkbox"/> Delete 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 327144633		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>937 VINEYRIDGE RUN #105 ALTAMONTE SPRINGS, FL 32714-1761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another line empowered.					
<b>SIGNATURE:</b> <u>Miriam Orinkawitz</u> <b>MIRIAM ORINKAWITZ DVS</b> 04-21-06 407-299-6886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					