

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93726

FILED  
Jan 29, 2006  
Secretary of State

Entity Name: FORDHAM INSURANCE GROUP, INC.

## Current Principal Place of Business:

941 N.E. 19TH AVENUE  
SUITE 306  
FORT LAUDERDALE, FL 33304 US

## Current Mailing Address:

P.O. BOX 4848  
FORT LAUDERDALE, FL 33338 US

## New Principal Place of Business:

150 N.E. 15TH AVENUE  
# 251  
FORT LAUDERDALE, FL 33301 US

## New Mailing Address:

P.O. BOX 4740  
FORT LAUDERDALE, FL 33338 US

FEI Number: 65-0066773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RENFROE, R. MITCH  
941 N.E. 19TH AVENUE  
SUITE 306  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

RENFROE, R. MITCH  
150 N.E. 15TH AVENUE  
# 251  
FORT LAUDERDALE, FL 33301 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: R. MITCH RENFROE

01/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RENFROE, R. MITCH  
Address: 717 N.E. 18TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STVD ( ) Delete  
Name: RENFROE, VIRGINIA M  
Address: 717 N.E. 18TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: R. MITCH RENFROE

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01/29/2006

Electronic Signature of Signing Officer or Director

Date