

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006942

FILED
Jan 24, 2006
Secretary of State

Entity Name: NATIONAL UNITED TRAVELERS, INC.

Current Principal Place of Business:

10816 HILLTOP DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

218-A EAST EAU GALLIE BLVD
#74
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

218-A EAST EAU GALLIE BLVD.
#74
SATELLITE BEACH, FL 32937

New Mailing Address:

218-A EAST EAU GALLIE BLVD.
#74
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 59-3391097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENSON, RITA A
10816 HILLTOP
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

STILES, LESTER L
10324 CASTILLO CT
CLERMONT, FL 34711 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: LESTER L. STILES

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENSON, RITA A
Address: 10816 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD () Delete
Name: STILES, LES
Address: 10324 CASTILLO CT
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: ALEXANDER, BOB
Address: 1831 EVERHART DR
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIGGINS, RICHARD PRES
Address: PO BOX 5153
City-St-Zip: LACONIA, NH 03247

Title: VD (X) Change () Addition
Name: BRADDOCK, JAMES 1ST VP
Address: 165 BEACHWOOD BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD (X) Change () Addition
Name: HENSON, RITA 2ND VP
Address: 10816 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: STD () Change (X) Addition
Name: STILES, LESTER SECTREA
Address: 10324 CASTILLO CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: WILLIAMS, WINNIE DIR
Address: PO BOX 191
City-St-Zip: SALUDA, VA 23149

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER L. STILES

STD

01/24/2006

Electronic Signature of Signing Officer or Director

Date