2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 24, 2006 08:00 AM Secretary of State DOCUMENT # P00000034856 1. Entity Name ROY L STEWART AGENCY, INC. Principal Place of Business Mailing Address 190 IVES DAIRY ROAD STE 106 190 IVES DAIRY ROAD STE 106 NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1005344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, ROY L DO NOT WRITE 190 IVES DAIRY ROAD STE 106 NORTH MIAMI BEACH, FL 33179 IN THIS SPACE 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME STEWART, ROY L STREET ADDRESS 190 IVES DAIRY ROAD STE 106 NORTH MIAMI BEACH, FL 33179 CITY-ST-7/P TITLE NAME STEWART, TONI D -009 158.75 STREET ADDRESS 190 IVES DAIRY ROAD STE 106 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 STREET ADDRESS DO NOT WRITE CATY - ST - 719 TITLE IN THIS SPACE NAME STREET ACCORESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 all other like empowered.

NAME STREET ADDRESS CITY - ST - ZIP

115/06

·654-1515

Daytime Phone 6