

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039941

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: JAMIESON INSURANCE & INVESTMENTS INC.

**Current Principal Place of Business:**

1800 SW 112 TER  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SW 112 TER  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 65-1101342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMIESON, CARLOS  
1800 SW 112 TER  
MIRAMAR, FL 33025 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JAMIESON, CARLOS  
Address: 1800 SW 112 TERR  
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete  
Name: JAMIESON, CARLA  
Address: 1800 SW 112 TER  
City-St-Zip: MIRAMAR, FL 33025

**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: CARLOS JAMIESON

PRES

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date