2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P00000047230

Entity Name: NATIONAL INSURANCE ASSOCIATES OF NORTH AMERICA, INC.

Current Principal Place of Business:

418 KINGSLEY AVE.
ORANGE PARK, FL 32073

New Principal Place of Business:

4371 US HIGHWAY 17
SUITE 201
ORANGE PARK, FL 32003

Current Mailing Address:

418 KINGSLEY AVE.
ORANGE PARK, FL 32073

New Mailing Address:

4371 US HIGHWAY 17
SUITE 201
ORANGE PARK, FL 32003

FEI Number: 59-3641924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMARDA, JEFFREY M
418 KINGSLEY AVE.
ORANGE PARK, FL 32075 US

Name and Address of New Registered Agent:

CAMARDA, JEFFREY M
4371 US HIGHWAY 17
SUITE 201
ORANGE PARK, FL 32003 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: JEFFREY M CAMARDA 04/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CAMARDA, JEFFREY M
Address: 418 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: VPS ( ) Delete
Name: CAMARDA, KIM
Address: 418 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: CAMARDA, JEFFREY M
Address: 4371 US HIGHWAY 17, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003

Title: VS (X) Change ( ) Addition
Name: CAMARDA, KIM
Address: 4371 US HIGHWAY 17, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003

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: KIMBERLY CAMARDA S 04/10/2006
Electronic Signature of Signing Officer or Director Date