

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000083819

FILED
Aug 14, 2006
Secretary of State**Entity Name:** CORAL CAY INSURANCE, INC.**Current Principal Place of Business:**6020 DREXEL LANE
901
FORT MYERS, FL 33919**New Principal Place of Business:****Current Mailing Address:**6020 DREXEL LANE
901
FOERT MYERS, FL 33919**New Mailing Address:****FEI Number:** 65-1036953**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233 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**OFFICERS AND DIRECTORS:****Title:** CEO () Delete
Name: BELL, WILLIAM J MR
Address: 6020 DREXEL LANE 901
City-St-Zip: FOERT MYERS, FL 33919**Title:** S (X) Delete
Name: BELL, ASHLEY K
Address: 6020 DREXEL LANE
City-St-Zip: FORT MYERS, FL 33919**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: WILLIAM J BELL

CEO

08/14/2006

Electronic Signature of Signing Officer or Director_____
Date