## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000084297

City-St-Zip:

Entity Name: BOGANI INSURANCE SERVICES, INC.

FILED Apr 29, 2006 Secretary of State

Littly Nai	IIIe. BOGAINII	NOURANCE SERVICES, IN	J.				
Current Principal Place of Business:			New Principal Place of Business:				
6903 VIST.	A PARKWAY N	NORTH					
SUITE #2	NADEACH E	1 20444					
RUTALPA	ALM BEACH, F	L 33411					
Current Mailing Address:			New Mailing Address:				
	A PARKWAY N	NORTH					
SUITE #2 ROYAL PA	ALM BEACH, F	L 33411					
FEI Number: 65-1036889 FEI Number Applied For ( ) FEI			FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	EVEN M CON CIRCLE TON, FL 33414	4 US					
The above in the State	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registe	red office or registered agent, or both,		
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	gent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHAN	GES TO OFFICERS AND DIRECTORS	:	
Title:	P ()	Delete	Title:	Р	(X) Change ( ) Addition		
Name:	BOGANI, RICHA		Name:	BOGANI,	RICHARD J		
Address:	3828 JOG RD.		Address:	6903 VIS	TA PARKWAY N, SUITE 2		
City-St-Zip:	LAKE WORTH,	FL 33467	City-St-Zip:	ROYAL P	ALM BEACH, FL 33411		
Title:	EVP ()	Delete	Title:		( ) Change ( ) Addition		
Name:	DYER, STEVEN	IM	Name:		., .		
Address:	1321 BEACON	CIRCLE	Address:				
City-St-Zip:	WELLINGTON,	FL 33414	City-St-Zip:				
Title:	( )	Delete	Title:	VP	( ) Change (X) Addition		
Name:			Name:	LOUIS, R	ODNEY		
Address:			Address:	6903 VIS	TA PARKWAY N. SUITE 2		

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.

City-St-Zip:

ROYAL PALM BEACH, FL 33411

SIGNATURE: STEVEN M. DYER EVP 04/29/2006