

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115292

FILED
Feb 17, 2006
Secretary of State

Entity Name: UNIVERSAL INSURANCE SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

4175 EAST BAY DR., STE 230
CLEARWATER, FL 33764 US

New Principal Place of Business:

2129 EGRET DRIVE
CLEARWATER, FL 33764 US

Current Mailing Address:

4175 EAST BAY DR., STE 230
CLEARWATER, FL 33764 US

New Mailing Address:

P.O. BOX 17283
CLEARWATER, FL 33762 US

FEI Number: 65-1064348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMYX, MICHAEL L
4175 EAST BAY DR., STE 230
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

AMYX, MICHAEL L
2129 EGRET DRIVE
CLEARWATER, FL 33764 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:

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMYX, MICHAEL L
Address: 4175 EAST BAY DR., STE 230
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AMYX, MICHAEL L
Address: 2129 EGRET DRIVE
City-St-Zip: CLEARWATER, FL 33764

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: MICHAEL L AMYX

D

02/17/2006

Electronic Signature of Signing Officer or Director

Date