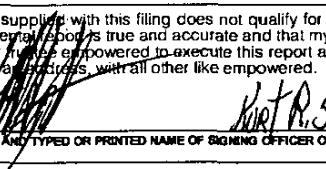


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90180 036 \*\*\*150.00

DOCUMENT # P01000046429		
1. Entity Name <b>DIRECT INSURANCE CORPORATION</b>		
Principal Place of Business <b>2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>		Mailing Address <b>2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>
2. Principal Place of Business <b>2195 TAMiami Trail UNIT A</b>		3. Mailing Address <b>2195 TAMiami Trail UNIT A</b>
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>
Zip <b>33948</b>	Country <b>USA</b>	Zip <b>33948</b>
6. Name and Address of Current Registered Agent  <b>BERMAN, JED 180 SOUTH KNOWLES AVE WINTER PARK, FL, FL 32789</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when remitting) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DPST SEPTER, KURT R 2191 TAMiami TRAIL PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST SEPTER, KURT R 2195 TAMiami Trail, Unit A Port Charlotte, FL 33948</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP WALKER, RICHARD 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Kurt R. Septer - President</b>
		Date <b>1/28/06</b> Daytime Phone # <b>941-629-9199</b>