2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114003

Entity Name: VISTA INSURANCE PARTNERS OF FLORIDA, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1445 ROSS AVE., #4200 DALLAS, TX 75202				1445 ROSS AVENUE SUITE 4200 DALLAS, TX 75202		
Current Mailing Address:				New Mailing Address:		
555 PLEASANTVILLE RD SUITE 160 SOUTH BRIARCLIFF MANOR, NY 10510						
FEI Number: 65-1155928		FEI Number Applied For ()	FEI Number Not Applicable () Certifica		cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SVP () D PAN, C. JEFF 1445 ROSS AVE DALLAS, TX 752	SUITE 4200		Title: Name: Address: City-St-Zip:	WAGNER, JA	VE SUITE 4200
Title: Name: Address: City-St-Zip:	ESLICK, DAVID	elete LLE RD, STE 160 SOUTH NOR, NY 10510		Title: Name: Address: City-St-Zip:	OBERST, NAM 555 PLEASAN	X) Change ()Addition MEE NTVILLE RD, STE 160 SOUTH MANOR, NY 10510
Title: Name: Address: City-St-Zip:	SVPA () D BOWMAN, STEPH 1445 ROSS AVEN DALLAS, TX 752	HANIE D NUE SUITE 4200		Title: Name: Address: City-St-Zip:	HESS, DAVE 555 PLEASAN	X) Change ()Addition NTVILLE RD STE 160 SOUTH MANOR, NY 10510
Title: Name: Address: City-St-Zip:	VP (X) D BAKER, BRUCE 3657 FALL BLVD BOCA RATON, FL			Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	SCHNEIDER, RO	LLE RD, STE 160 SOUTH		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	DS () D NEWBORN, ERNI 555 PLEASANTVI BRIARCLIFF MAN	EST LLE RD, STE 160 SOUTH		Title: Name: Address: City-St-Zip:	() Change ()Addition

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: NAMEE OBERST AS 04/18/2006