

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 22, 2006
Secretary of State**

DOCUMENT# P02000008357

Entity Name: AMERICAN EAGLE INSURANCE, INC.

Current Principal Place of Business:

250 E PARK AVE
LAKE WALES, FL 33853

New Principal Place of Business:

244 E PARK AVE
LAKE WALES, FL 33853

Current Mailing Address:

PO BOX 2368
LAKE WALES, FL 338592368

New Mailing Address:

244 E PARK AVE
LAKE WALES, FL 33853

FEI Number: 01-0595432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFF, TULA MICHELE
399 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 338842453 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: PD () Delete
Name: RUMFELT, THOMAS B
Address: 244 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: STD () Delete
Name: BRADLEY, HELENE M
Address: 244 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: EVP (X) Delete
Name: BARTLETT, THOMAS E
Address: 244 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS B RUMFELT

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02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date