

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000086426 1. Entity Name AVERY INSURANCE, INC.	
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Principal Place of Business 460 SOUTHEAST THIRD TERRACE POMPANO BEACH, FL 33060	Mailing Address 460 SOUTHEAST THIRD TERRACE POMPANO BEACH, FL 33060
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07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0165339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AVERY, PAMELA B 460 SOUTHEAST THIRD TERRACE POMPANO BEACH, FL 33060	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AVERY, PAMELA B 460 SE 3 TERR. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS AVERY, MARTIN F 460 SE 3 STER. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/01/06-80002-015 550.00

DO NOT WRITE IN THIS SPACE

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 <i>Martin F Avery</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-27-06 Date	954 943 9930 Daytime Phone #
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