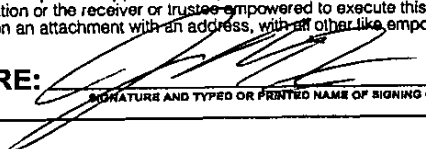


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 25 AM 9:56

DOCUMENT # P02000123134 1. Entity Name SEQUOIA INSURANCE & FINANCIAL, INC.					
Principal Place of Business 21065 POWERLINE ROAD SUITE 3A BOCA RATON, FL 33433			Mailing Address 21065 POWERLINE ROAD SUITE 3A BOCA RATON, FL 33433		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2303761	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITTEN, DENNIS G 21065 POWERLINE ROAD SUITE 3A BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D TRENT, JASON M 7646 OAK GROVE CIRCLE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Christopher McCaleb 6174 Harbour Greens Drive Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BRITTEN, DENNIS G 11658 SE PLANDOME DRIVE HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST- ZIP	200079227252 08/29/06--01058--005 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Joshua Beer 10856 Northgreen Drive Wellington, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 	
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: 			Jason M. Trent 9/8/06 561.208.4402 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		