

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017006

Entity Name: EAGLE TRUST INSURANCE GROUP, INC.

FILED
Aug 15, 2006
Secretary of State

Current Principal Place of Business:

9853 NORTH TAMIAMI TRAIL
227A
NAPLES, FL 34108

Current Mailing Address:

6017 PINE RIDGE ROAD
265
NAPLES, FL 34108

New Principal Place of Business:

28380 OLD US 41
SUITE # 2
BONITA SPRINGS, FL 34135 US

New Mailing Address:

28380 OLD US 41
SUITE # 2
BONITA SPRINGS, FL 34135 US

FEI Number: 38-3672828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARENALES, MARIA A
9853 NORTH TAMIAMI TRAIL
#227A
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MALTAGLIATI, CARLOS F
28380 OLD US 41
SUITE #2
BONITA SPRINGS, FL 34135 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: CARLOS F. MALTAGLIATI

08/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARENALES, MARIA A
Address: 6017 PINE RIDGE ROAD #265
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALTAGLIATI, CARLOS F
Address: 28380 OLD US 41 SUITE #2
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: CARLOS F. MALTAGLIATI

P

08/15/2006

Electronic Signature of Signing Officer or Director

Date