2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000034533

Entity Name: A.R.A. PREMIUM FINANCE CO., INC.

FILED Jun 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6600 S.W. 57TH AVENUE SUITE 200 MIAMI, FL 33143 **New Mailing Address: Current Mailing Address:** 6600 S.W. 57TH AVENUE SUITE 200 MIAMI, FL 33143 FEI Number: 80-0057471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABRAHAM, ANTHONY R BRYER, WARREN 6600 SW 57TH AVENUE, SUITE 200 6600 SW 57TH AVENUE, SUITE 200 MIAMI, FL 33143 MIAMI, FL 33143 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: WARREN BRYER 06/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB () Delete () Change () Addition ABRAHAM, ANTHONY R Name: Name: 6600 SW 57TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: **PRES** Title: () Delete () Change () Addition Name: ABRAHAM, JOSEPH G Name: 6600 SW 57TH AVENUE Address: Address: MIAMI, FL 33143 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ABRAHAM, THOMAS G Name: Name: 6600 SW 57TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition ABRAHAM, GEORGE J Name: Name: Address: 6600 SW 57TH AVENUE Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: Title: () Delete () Change () Addition MALOUF, THOMAS H Name: Name: 6600 SW 57TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: S/T (X) Change () Addition ABRAHAM, NORMA J Name: Name: BRYER, WARREN 6600 SW 57TH AVENUE 6600 SW 57TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143

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: ANTHONY R. ABRAHAM CB 06/28/2006