

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 10, 2006
Secretary of State**

DOCUMENT# P03000035085

Entity Name: PETER LACZKO INSURANCE, INC.

Current Principal Place of Business:

596 AZURE AVENUE
WELLINGTON, FL 33414

New Principal Place of Business:

1500 CORPORATE CENTER WAY
104
WELLINGTON, FL 33414

Current Mailing Address:

596 AZURE AVENUE
WELLINGTON, FL 33414

New Mailing Address:

1500 CORPORATE CENTER WAY
104
WELLINGTON, FL 33414

FEI Number: 90-0060489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACZKO, PETER
596 AZURE AVENUE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LACZKO, PETER
1500 CORPORATE CENTER WAY
104
WELLINGTON, FL 33414 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: PETER LACZKO 07/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACZKO, PETER
Address: 596 AZURE AVENUE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LACZKO, PETER C
Address: 1500 CORPORATE CENTER WAY #104
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: LACZKO, LISA M
Address: 1500 CORPORATE CENTER WAY #104
City-St-Zip: WELLINGTON, FL 33414

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: PETER LACZKO D 07/10/2006
Electronic Signature of Signing Officer or Director Date