

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000036556 1. Entity Name MICHAEL4INS., INC.	
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Principal Place of Business 10981 NW 20 CT SUNRISE, FL 33322	Mailing Address 10981 NW 20 CT SUNRISE, FL 33322
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DO NOT WRITE IN THIS SPACE



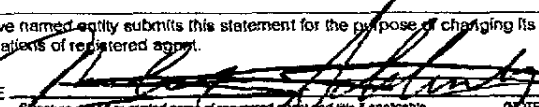
01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0608257	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHLOSSBERG, BERNARD 9900 W SAMPLE RD STE 318 CORAL SPRINGS, FL 33065

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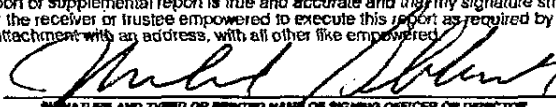
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature of officer or printed name of registered agent and title if applicable.	DATE 4/29/06 NOTE: Registered Agent signature required when resigning.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSSBERG, MICHAEL 10981 NW 20 CT SUNRISE, FL 33322
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05/18/06-80044-017 150.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/29/06 Daytime Phone #