


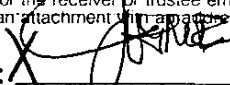
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90037 026 \*\*\*150.00

<b>DOCUMENT # P03000098415</b>			
1. Entity Name <b>ASSURANCE PROPERTY MANAGEMENT, INC.</b>			
Principal Place of Business <b>2000 N. YAWKEY POINT HERNANDO FL 34442</b>		Mailing Address <b>2000 N. YAWKEY POINT HERNANDO FL 34442</b>	
2. Principal Place of Business		3. Mailing Address <b>350 E. Norvell Bryant Hwy.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Hernando, FL</b>	
Zip	Country	Zip	Country
<b>34442</b>	<b>USA</b>	<b>34442</b>	<b>USA</b>
6. Name and Address of Current Registered Agent <b>MACAISA, MARLO 2000 N. YAWKEY POINT HERNANDO FL 34442</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 re-registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAISA, JOSIE	NAME	
STREET ADDRESS	2000 N. YAWKEY POINT	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAISA, MARLO	NAME	
STREET ADDRESS	2000 N. YAWKEY POINT	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAISA, MARCO	NAME	
STREET ADDRESS	2000 N. YAWKEY POINT	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a address; with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/06 352-726-0662**  
Date Daytime Phone #