


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90112 033 ***150.00

DOCUMENT # P03000127001 1. Entity Name INSUREYOURSELF CORRECTCOST, INC.																							
Principal Place of Business 2200 NORTH FEDERAL HIGHWAY SUITE 219 BOCA RATON, FL 33431		Mailing Address 2200 NORTH FEDERAL HIGHWAY SUITE 219 BOCA RATON, FL 33431																					
2. Principal Place of Business 1900 NW Corporate Blvd Suite 400 East Boca Raton, FL 33431 USA		3. Mailing Address 1900 NW Corporate Blvd Suite 400 East Boca Raton, FL 33431 USA																					
4. FEI Number 01-0801625		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01182006 Chg-P CR2E034 (11/05)																					
6. Name and Address of Current Registered Agent KAYE, STEVEN R 2200 NORTH FEDERAL HIGHWAY SUITE 219 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent ADDRESS NEW Name KAYE, STEVEN R. Street Address (P.O. Box Number is Not Applicable) 1900 NW Corporate Blvd Suite 400 East City Boca Raton FL Zip Code 33431																					
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 Steven R. Kaye STEVEN R. KAYE 1/20/06 <small>Signature, typed or printed name of registered agent and is applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>KAYE, STEVEN R</td> <td>2200 NORTH FEDERAL HIGHWAY SUITE 219</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		KAYE, STEVEN R	2200 NORTH FEDERAL HIGHWAY SUITE 219	BOCA RATON, FL 33431		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>KAYE, STEVEN R.</td> <td>1900 NW Corporate Blvd, Suite 400 East</td> <td>Boca Raton, FL 33431</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		KAYE, STEVEN R.	1900 NW Corporate Blvd, Suite 400 East	Boca Raton, FL 33431	
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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 a power like empowered.		SIGNATURE: Steven R. Kaye STEVEN R. KAYE 1/20/06 (561) 368-1550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					