

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 26, 2006
Secretary of State**

DOCUMENT# P04000008932

Entity Name: TOWER HILL PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 56-1543230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVELY, WILLIAM J
7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CFO

01/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: SHIVELY, WILLIAM J
Address: 608 SW 97TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: PCOO () Delete
Name: THOMASSON, PHILLIP M
Address: 3857 SW 93RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: DVPS () Delete
Name: MATZ, DONALD C JR
Address: 10357 SW 45TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: DT () Delete
Name: SHEEKEY, BRIAN T
Address: 8817 SW 61ST AVENUE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD C. MATZ, JR.

DVPS

01/26/2006

Electronic Signature of Signing Officer or Director

Date