

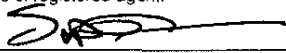
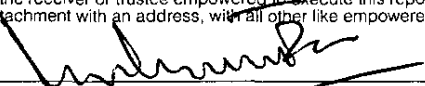


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000141504 1. Entity Name AMERICAN CHOICE INSURANCE CONSULTANTS, INC.						FILED 06 FEB 22 PM 12:23 	
Principal Place of Business 7960 SW 8TH STREET MIAMI, FL 33144 US				Mailing Address 7960 SW 8TH STREET MIAMI, FL 33144 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 31 Ocean Reef Drive C202 Key Largo, FL 33037 Suite, Apt. #, etc. City & State Zip 		4. FEI Number 20-1738218		Applied For Not Applicable	
Country 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PERSAUD, SAMUEL A ESQ. 1320 SOUTH DIXIE HIGHWAY SUITE 715 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Samuel A. Persaud, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 N. Krome Avenue Suite 200 Homestead FL 33030			
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 				DATE 2-6-06			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE, Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA NOVAL, DANAY 1320 S. DIXIE HIGHWAY, #715 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/23/06 - 01/14/06 \$11.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKE, MITA M 1320 S. DIXIE HIGHWAY, #715 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, JAMES E 1320 S. DIXIE HIGHWAY, #715 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				DATE 2/6/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			