

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000480

FILED
May 01, 2006
Secretary of State

Entity Name: THE INSURANCE LADY OF N.W. FLORIDA, INC.

Current Principal Place of Business:

5022 W. FAIRFIELD DR.
PENSACOLA, FL 32506

New Principal Place of Business:

5022 W. FAIRFIELD DR.
PENSACOLA, FL 32506 US

Current Mailing Address:

5022 W. FAIRFIELD DR.
PENSACOLA, FL 32506

New Mailing Address:

PO BOX 36438
PENSACOLA, FL 32516 US

FEI Number: 26-0103611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORPIN, NATALIE S
1935 STALLION RD.
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORPHIN, RICHARD S JR.
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: ORPHIN, NATALLIE S
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ORPIN, RICHARD S JR.
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

Title: D (X) Change () Addition
Name: ORPIN, NATALLIE S
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

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: NATALIE S. ORPIN

D

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date