
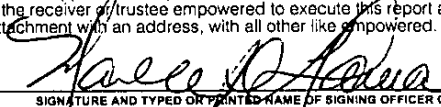


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90020 012 ***150.00

DOCUMENT # P05000075150					
1. Entity Name LLAMAS INSURANCE, INC.					
Principal Place of Business 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196			Mailing Address 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LLAMAS, MARLENE D 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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 P, S	NAME LLAMAS, MARLENE D		<input type="checkbox"/> Delete		
STREET ADDRESS 8959 S.W. 150 CT CIR WEST	CITY-ST-ZIP MIAMI, FL 33196		TITLE MARLENE D. LLAMA		
STREET ADDRESS 8959 S.W. 150 CT CIR WEST		CITY-ST-ZIP MIAMI, FL 33196		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME LLAMAS, MICHELE		<input type="checkbox"/> Delete		
STREET ADDRESS 8959 S.W. 150 CT CIR WEST	CITY-ST-ZIP MIAMI, FL 33196		TITLE MICHELLE LLAMA		
STREET ADDRESS 8959 S.W. 150 CT CIR WEST		CITY-ST-ZIP MIAMI, FL 33196		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		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: 		7/10/06 (305) 822-8405			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					