

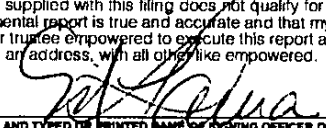


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000075150 1. Entity Name LLAMAS INSURANCE, INC.					
Principal Place of Business 10521 S.W. 88 STREET SUITE E-106 MIAMI, FL 33176		Mailing Address 10521 S.W. 88 STREET SUITE E-106 MIAMI, FL 33176			
		 01202007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 41-2176660			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LLAMAS, MARLENE D 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196					
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
		U00000607665 01/31/07-80047-008 158.75			
10. OFFICERS AND DIRECTORS					
TITLE	P.S				
NAME	LLAMA, MARLENE				
STREET ADDRESS	8959 S.W. 150 CT CIR WEST				
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE	VP				
NAME	LLAMA, MICHELLE				
STREET ADDRESS	8959 S.W. 150 CT CIR WEST				
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		1/25/2007 305-595-1111 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					