

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000098334

**FILED**  
**Feb 22, 2006**  
**Secretary of State****Entity Name:** RAMSGATE INSURANCE, INC.**Current Principal Place of Business:**244 E PARK AVENUE  
C/O BONNIE CAMPBELL  
LAKE WALES, FL 33853**New Principal Place of Business:**244 E PARK AVENUE  
LAKE WALES, FL 33853**Current Mailing Address:**244 E PARK AVENUE  
C/O BONNIE CAMPBELL  
LAKE WALES, FL 33853**New Mailing Address:**244 E PARK AVENUE  
LAKE WALES, FL 33853**FEI Number:** 83-0282223**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAFF, TULA M ESQ  
3399 CYPRESS GARDENS RD SUITE C  
WINTER HAVEN, FL 33884 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUMFELT, THOMAS B  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: STD ( ) Delete  
Name: BRADLEY, HELENE  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: VPD ( ) Delete  
Name: SWING, JAMES E  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: EXVP ( ) Delete  
Name: SHAW, HUGH D  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

**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: THOMAS B RUMFELT

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02/22/2006

Electronic Signature of Signing Officer or Director

Date