

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145128

FILED
Apr 25, 2006
Secretary of State

Entity Name: PHOENIX INTERNATIONAL INSURANCE COMPANY

Current Principal Place of Business:

7313 INTERNATIONAL PLACE
SUITE 110
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7313 INTERNATIONAL PLACE
SUITE 110
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 20-2742983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, RAYMOND M
7313 INTERNATIONAL PLACE
SUITE 110
SARASOTA, FL 34240 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSS, WILBUR L
Address: 328 EL VEDADO ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: ARASKOG, RANDOLPH V
Address: 320 EL VEDADO ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: NEFF, RAYMOND M
Address: 1111 GULF STREAM AVENUE #15E
City-St-Zip: SARASOTA, FL 34206

Title: D () Delete
Name: PEISO, JOSEPH R
Address: 5025 MARSHFIELD ROAD
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: GIBBONS, MICHAEL J
Address: 7 TIDEWAY LANE
City-St-Zip: EAST NORTHPORT, NY 11731

Title: D () Delete
Name: GAINES, STANLEY N
Address: 1473 N. OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

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:

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: RAYMOND M. NEFF

D

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date