2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14970



FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90051 038 ***150.00

A	1. Entity Name ALL SAVERS INSURANCE COMPANY								02-27-2000 90	0001 000	3 130.		
Suite, Apt. F. etc.	7440 WOODLAND DR. 7			7440 WOODLAND DR.	7440 WOODLAND DR.								
City & State	2. Principal P	lace of Busin	ness	3. Mailing Address	s. Mailing Address								
Section Sect	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01172006	Chg-P	CR2E0	34 (11/05)		
S. Certificate of Salars Desired Fee Regulator 1. Name and Address of New Registered Agent 1. Name and Address	City & State			City & State	City & State						No	t Applicable	
CHEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City FL Zip Code City FL Zip Code 8. The above named enaity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc	Zip			<u> </u>				<u> </u>	·	<u> </u>	Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent												
Table Tabl	P O BOX 6200 (32314-6200)												
8. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu			32399-0000								Zin Cod		
After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE TO CARR, PATRICK 9088 NAUTICAL WATER DR. STREET ADDRESS CITY-ST-2P INDIANAPOLIS, IN 46240 TITLE STREET ADDRESS BOD JULES LANE CITY-ST-2P INDIANAPOLIS, IN ME240 TITLE STREET ADDRESS BOD JULES LANE CITY-ST-2P INDIANAPOLIS, IN MAME MAME MOCONNELL, MICHAEL J STREET ADDRESS STREET ADD	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												
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r nereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR