2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# P93000066674

Entity Name: KIM SIPOWSKI NAVA INSURANCE AGENCY, INC.

Current Principal Place of Business:

848 S. FEDERAL HWY.
POMPANO BEACH, FL 33062

New Principal Place of Business:

405 S. FEDERAL HWY., SUITE 100
POMPANO BEACH, FL 33062

Current Mailing Address:

848 S. FEDERAL HWY.
POMPANO BEACH, FL 33062

New Mailing Address:

C/O KIM S. NAVA 4 WINNEBAGO ROAD
SEA RANCH LAKES, FL 33308

FEI Number: 65-0444164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON, FL 33431 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: P ( ) Delete
Name: NAVA, KIM SIPOWSKI
Address: 4 WINNEBAGO RD
City-St-Zip: SEA RANCH LAKES, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NAVA, KIM S
Address: 4 WINNEBAGO RD
City-St-Zip: SEA RANCH LAKES, FL 33308

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: KIM S. NAVA PRES 01/20/2006

Electronic Signature of Signing Officer or Director Date