

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014436

Entity Name: H.S. SEREN INSURANCE CORP.

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

5300 W. ATLANTIC AVE., SUITE 410  
DELRAY BEACH, FL 334848141 US

## New Principal Place of Business:

5300 W. ATLANTIC AVE.,  
SUITE 410  
DELRAY BEACH, FL 334848141 US

## Current Mailing Address:

5300 W. ATLANTIC AVE., SUITE 410  
DELRAY BEACH, FL 334848141 US

## New Mailing Address:

5300 W. ATLANTIC AVE.,  
SUITE 410  
DELRAY BEACH, FL 334848141 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEREN, STANLEY J  
5300 W ATLANTIC AVE., STE. 410  
DELRAY BEACH, FL 334848141 US

## Name and Address of New Registered Agent:

SEREN, STANLEY J  
5300 W ATLANTIC AVE.,  
STE. 410  
DELRAY BEACH, FL 334848141 US

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:

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: COHAN, DENNIS  
Address: 5615 KIRBY DR., STE 418  
City-St-Zip: HOUSTON, TX 77005

Title: PS ( ) Delete  
Name: SEREN, STANLEY J  
Address: 5300 W. ATLANTIC AVE., SUITE 410  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete  
Name: COHAN, JAYNE  
Address: 5615 KIRBY DR., STE 418  
City-St-Zip: HOUSTON, TX 77005

## 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:

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: STANLEY J. SEREN

PS

03/01/2006

Electronic Signature of Signing Officer or Director

Date