2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024209

Entity Name: INGRID & ASSOCIATES INSURANCE, INC

FILED Jul 11, 2006 Secretary of State

Littly Nan	ie. INGRID & A	330CIATES INSURANCE,	INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	DING TERRACE ON, FL 33414	US					
Current Ma	ailing Address:		New Maili	ng Address:			
	DING TERRACE ON, FL 33414	US					
FEI Number:	65-0486432	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	NGRID DING TERRACE ON, FL 33414	US					
The above in the State		omits this statement for the p	ourpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent			ent		Date		
Election Cam	paign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD () De DATENA, INGRID 1243 READING TE WELLINGTON, FL	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VP () De	elete DEN DR. BLK 10 APT. 103	Title: Name: Address:	VP (2 DATENA, NAT 1243 READIN			

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: INGRID DATENA PRES 07/11/2006