

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073250

Entity Name: MGI ASSURANCE CORP.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

9010 SW 137TH AVENUE
SUITE 119
MIAMI, FL 33186 US

Current Mailing Address:

9010 SW 137TH AVENUE
SUITE 119
MIAMI, FL 33186 US

FEI Number: 65-0525489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

12600 SW 120 STREET
STE 102
MIAMI, FL 33186 US

New Mailing Address:

12600 SW 120 STREET
STE 102
MIAMI, FL 33186 US

Name and Address of Current Registered Agent:

GRABARKIEWICZ, MICHAEL
11226 SW 64TH LN
MIAMI, FL 33173 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: GRABARKIEWICZ, MICHAEL
Address: 11226 SW 64TH LN
City-St-Zip: MIAMI, FL 33173

Title: VPS () Delete
Name: GRABARKIEWICZ, MARIELLA H
Address: 11226 SW 64TH LN
City-St-Zip: MIAMI, FL 33173

Title: AVP () Delete
Name: VERA, ADRIANA C
Address: 11226 SW 64 LN
City-St-Zip: MIAMI, FL 33173

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: MICHAEL GRABARKIEWICZ

D

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date