

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 025 ***150.00

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04192006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000075054 1. Entity Name CHELSEA CASUALTY COMPANY, INC.			
Principal Place of Business 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442		Mailing Address 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 800 Yamato Rd Suite, Apt. #, etc. 100		3. Mailing Address 800 Yamato Rd Suite, Apt. #, etc. 100	
City & State Boca Raton, FL Zip 33431 Country USA		City & State Boca Raton, FL Zip 33431 Country USA	
4. FEI Number 65-0529773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENNELLA, FRANK 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent 800 YAMATO Rd Ste 100 Boca Raton, FL 33431	
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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSD MENNELLA, FRANK 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Yamato Rd. Ste 100 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/25/06 Daytime Phone # _____	