


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90046 042 \*\*\*150.00

DOCUMENT # P94000091133	
1. Entity Name SOUTHERN INSURANCE ASSOCIATES, INC.	

Principal Place of Business 500 N STATE ST BUNNELL, FL 32110	Mailing Address PO BOX 2150 BUNNELL, FL 32110 US
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**DO NOT WRITE IN THIS SPACE**

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3287981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  OSLEN, SCOTT 4244 N OCEANSHORE BV PALM COAST, FL 32137
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**DO NOT WRITE IN THIS SPACE**

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 <u>Scott Olsen</u>	DATE <u>1/28/06</u>
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, EMMA 32 BREEZE HILL LN PALM COAST, FL 32137 <i>Delete so</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, SCOTT 4244 N OCEAN SH BV PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSEN, ELIZABETH 4244 N OCEAN SH BV PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, THEODORE 32 BREEZE HILL LN PALM COAST, FL 32137 <i>Delete so</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: <u>Scott Olsen</u>	DATE <u>1/28/06</u>	DAYTIME PHONE # <u>386-437-0707</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR