2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P95000062731

Entity Name: A AMERICAN AUTO INSURANCE OF ALTAMONTE INC.

Current Principal Place of Business:

101 S. WYMORE RD
159
ALTAMONTE SPRGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

101 S. WYMORE RD
159
ALTAMONTE SPRGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3331894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOSANI, MARK A.
101 S. WYMORE RD #159
ALTAMONTE SPRGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOSANI, MANSOOR A.,
Address: 1640 CRESTVIEW DR.
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOSANI, MANSOOR A PRES
Address: 9320 CYPRESS COVE DR.
City-St-Zip: ORLANDO, FL 32819

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: MANSOOR A DOSANI P 05/01/2006

Electronic Signature of Signing Officer or Director Date