

DOCUMENT # P95000093655 1. Entity Name SHELDON ACKERMAN INSURANCE, INC.

Principal Place of Business

16657 HEMINGWAY DR WESTON, FL 33326

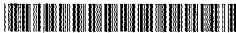
ACKERMAN, SHELDON

SIGNATURE: 1

Mailing Address

16657 HEMINGWAY DR WESTON, FL 33326

FILED Mar 09, 2006 08:00 AM Secretary of State



Applied For

Daytime Prone 6

Not Applicable

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. Name and Address of Current Registered Agent

02242006 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired	\$8.75 Additional Fee Required

4. FEI Number

65-0633484

DO NOT WRITE

16657 HEMINGWAY DRIVE WESTON, FL 33326			IN THIS SPACE		
6. The above the obligat	ions of registered agent.				oth, in the State of Florida. I am famītar with, and accept ;
FIL After Ma	Synature, typed or printed name of registered agent and title of E NOWISI FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Process P		\$5.00 May Be Added to Fees	100000461143 03/20/06 80039-007 150,00
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP	P ACKERMAN, SHELDON 16657 HEMINGWAY DR WESTON, FL 33326	CTORS		DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-S1-ZIP			IN THIS SPACE		
HAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corrections changed.	rertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exemption not accurate and that my signature sha to execute this report as required by other like empowered.	is cont all have Chapte	ained in Chapter 11: the same legal effe or 507, Florida Statuti	 Florida Statutes. I further certify that the information of as if made under calh; that I am an officer or director es; and that my name appears in Block 10 or Block 11 ft