

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028301

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: ASSURANCE ALTERNATIVES, INC.

## Current Principal Place of Business:

16155 SW 117TH AVENUE  
MIAMI, FL 33177 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 650190  
MIAMI, FL 332650190 US

## New Mailing Address:

FEI Number: 65-0707180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUNON, LUIS JR  
15210 SW 154 TERRACE  
MIAMI, FL 33187 US

## Name and Address of New Registered Agent:

MENCIA, AYMARA  
16155 S. W. 117TH AVENUE  
B-24  
MIAMI, FL 33177 US

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: AYMARA MENCIA

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TUNON, LUIS JR  
Address: 15210 SW 154 TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: STD ( ) Delete  
Name: TUNON, AYMARA M  
Address: 15210 SW 154 TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: VPD (X) Delete  
Name: BETANCOURT, KATHLEEN  
Address: 16155 SW 117TH AVENUE  
City-St-Zip: MIAMI, FL 33177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: MENCIA, AYMARA  
Address: 16155 SW 117TH AVENUE, B-24  
City-St-Zip: MIAMI, FL 33177

Title: VPTD (X) Change ( ) Addition  
Name: BETANCOURT, KATHLEEN  
Address: 16155 SW 117TH AVENUE, B-24  
City-St-Zip: MIAMI, FL 33177

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: AYMARA MENCIA

PRES

02/23/2006

Electronic Signature of Signing Officer or Director

Date