


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000060917		
1. Entity Name B-R INSURANCE BROKERS, INC.		

Principal Place of Business 100 BROADWAY 4TH FLOOR NEW YORK, NY 10005	Mailing Address 100 BROADWAY NEW YORK, NY 10005
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 555 Pleasantville Rd 160 S Briarcliff Manor, NY 10510
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent SEXTON, DAVID N ESQ BOND, SCHOENECK AND KING, P.A. 1167 THIRD STREET SOUTH #107 NAPLES, FL 33940	
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7. Name and Address of New Registered Agent Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324	
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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>Connie Bragan</u> DATE: <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS TITLE: D NAME: KAPLAN, ARNOL B STREET ADDRESS: 100 BROADWAY CITY-ST-ZIP: NEW YORK, NY 10005 <input type="checkbox"/> Delete	
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TITLE: PRES NAME: KREITZBERG, DOUGLAS W STREET ADDRESS: 1 INTERNATIONAL PLAZA, STE 400 CITY-ST-ZIP: PHILADELPHIA, PA 19013 <input type="checkbox"/> Delete	
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TITLE: TR/S NAME: WILSON, JOSEPH E STREET ADDRESS: 1 INTERNATIONAL PLAZA, STE 400 CITY-ST-ZIP: PHILADELPHIA, PA 19013 <input checked="" type="checkbox"/> Delete	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	
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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>NAMEEL OBERST</u> <u>NAMEEL OBERST, Asst. Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3899487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: DS NAME: Ernest J. Newbern, II STREET ADDRESS: 555 Pleasantville Rd CITY-ST-ZIP: Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE: AS NAME: Nameel Oberst STREET ADDRESS: 555 Pleasantville Rd CITY-ST-ZIP: Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE: NAME: Robert Schneider STREET ADDRESS: 555 Pleasantville Rd CITY-ST-ZIP: Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE: AT NAME: David Hess STREET ADDRESS: 555 Pleasantville Rd CITY-ST-ZIP: Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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