2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089078

Entity Name: INSURANCE UNDERWRITERS & ASSOCIATES, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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6261 22ND AVE N

ST PETERSBURG, FL 337104105

Current Mailing Address: New Mailing Address:

6261 22ND AVE N

ST PETERSBURG, FL 337104105

FEI Number: 59-3414935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAROL, TRIPLITT S HOLLOWELL, DAVID A 6261-22ND AVE NORTH 6261-22ND AVE NORTH

SAINT PETERSBURG, FL 337104105 US SAINT PETERSBURG, FL 337104105 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: DAVID A. HOLLOWELL 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TRIPLITT, CAROL S
 Name:
 HOLLOWELL, DAVID A

 Address:
 6261 22ND AVE. N.
 Address:
 6261 22ND AVE. N.

City-St-Zip: ST PETERSBURG, FL 337104105 City-St-Zip: ST PETERSBURG, FL 337104105

 Name:
 BODINE, SHERRI D
 Name:
 HOLLOWELL, KAREN C

 Address:
 5611 56TH TERRACE NORTH
 Address:
 6261 22ND AVE., N.

City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: ST PETERSBURG, FL 33710 41

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: DAVID A. HOLLOWELL P 02/07/2006