2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# P96000094858

Entity Name: TOM MARTINEZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

2521 S UNIVERSITY DR
DAVIE, FL 33324 US

New Principal Place of Business:

2591 S UNIVERSITY DR
DAVIE, FL 33324 US

Current Mailing Address:

2521 S UNIVERSITY DR
DAVIE, FL 33324 US

New Mailing Address:

2591 S UNIVERSITY DR
DAVIE, FL 33324 US

FEI Number: 65-0713814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHER, STEVEN
300 S PINE ISLAND RD
STE 110
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MARTINEZ, GEORGE T
Address: 2521 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MARTINEZ, GEORGE T
Address: 2591 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33324

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: GEORGE T MARTINEZ MR. 03/22/2006

Electronic Signature of Signing Officer or Director Date