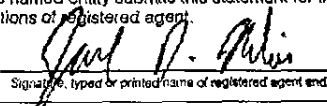
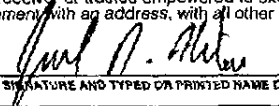


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000023596		
1. Entity Name COMMERCIAL GROUP UNDERWRITERS, INC		
Principal Place of Business 235 SOUTH MAITLAND AVENUE MAITLAND, FL 32750		Mailing Address 3107 EDGEWATER DRIVE STE 3 ORLANDO, FL 32804
DO NOT WRITE IN THIS SPACE		
		02172006 No Chg-F CR2E034 (11/05)
4. FEI Number 59-3432712		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent HATTAWAY, B A 3107 EDGEWATER DRIVE STE 3 ORLANDO, FL 32750		DO NOT WRITE IN THIS SPACE
9. 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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 3/6/06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		UNIFORM440586 13/20/06-00017-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NICOLAI, JOEL D 369 BAHIA COURT LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/6/06 Daytime Phone # 407-599-1734