

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044222

FILED
Jan 05, 2006
Secretary of State

Entity Name: A BETTER DEAL AUTO INSURANCE, INC.

Current Principal Place of Business:

1026 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1026 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0761937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINACAPPELLI, LEONARD
1026 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34952 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: D () Delete
Name: MINACAPPELLI, LEONARD JR
Address: 1026 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SEC () Delete
Name: MINACAPPELLI, JENNIFER
Address: 1026 SW BAYSHORE BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEONARD MINACAPPELLI

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date