2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# P98000082935

Entity Name: WINTER PARK INSURANCE INVESTMENTS, INC.

Current Principal Place of Business:

1780 N KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1505
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 59-3534300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUND, L ALAN
1780 N KROME AVE
HOMESTEAD, FL 33030 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:	PD	( ) Delete
Name:	LUND, L. ALAN	
Address:	1780 N KROME AVE	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	VPD	( ) Delete
Name:	NENEZIAN, GEORGE	
Address:	700 ABERDEEN WAY	
City-St-Zip:	MIAMI LAKES, FL	
Title:	STD	( ) Delete
Name:	JONES, THOMAS R JR.	
Address:	17950 SW 285 STREET	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	D	(X) Delete
Name:	KUVIN, LAWRENCE P	
Address:	340 SUNSET DR APT 702	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: L. ALAN LUND P 02/03/2006

Electronic Signature of Signing Officer or Director — Date