

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000007700

FILED
Jul 10, 2006
Secretary of State

Entity Name: ADMIRAL INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

2213 S KANNER HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2213 S KANNER HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0889317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM L
790 N.W. AIROSO BLVD.
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

GALANTE, EDWARD B
521 CAMDEN AVE
STUART, FL 34994 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: EDWARD B. GALANTE

07/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: JONES, WILLIAM L
Address: 790 N.W. AIROSO BLVD.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHULTZ, ABBOTT
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPD () Change (X) Addition
Name: LEWIS, EDWARD
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPDT () Change (X) Addition
Name: BARBIERI, GARY
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: S () Change (X) Addition
Name: SEES, KERRY
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPD () Change (X) Addition
Name: BARLETTA, ROBERT
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

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: KERRY SEES

S

07/10/2006

Electronic Signature of Signing Officer or Director

Date