2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2006 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of St.			
DOCU	MENT # P990000709	34			I	Secretary of St		
1. Entity Nam	e ISURANCE AGENCY, INC.							
DODIN	DOTANOL AGENOT, INC.							
Principal Plac	e of Business	Mailing Address						
1481 NW 93 PLANTATION		1481 NW 93RD TERRACE Plantation, FL 33722						
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	O NOT WRITE	IN THIS SDA	CE	05082006	No Chg-P	CR2E034 (11/05)		
Alika Karaja Alika Karaja Alika				4. FEI Numb 65-093		Applied For Not Applicable		
	and the second s	transfer de la company de La company de la company d	maranista in a silant Tagan sa Sanja a silanta		of Status Desired	\$8.75 Additional Fee Required		
·	6. Name and Address of Current Re	gistered Agent		<u> </u> - 3 d t 3 d h %	petro mage	Fee required		
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DUBIN, KAREN J 1481 NW 93RD TERR			The second secon	שטיי	NOT W	KILE		
PLANTAT	ION, FL 33322		San a previous	· IN	THIS SI	PACE		
			A STATE OF STATES		a the state of the			
8. The above	named entity submits this statement left	ne purpose of changing its registe	ered office or registe	red agent, or bo	oth, in the State of F	lorida. I am familiar with, and accept		
	indisci registered again	Vacon	1 Duch	Cale	つ	-1-06		
SIGNATURE.	Signature, typedior printed name of registered agent and	title il applicable (NOTE: Registe	ered Agent signature require	o when reinstating)		DATE		
*	LE NOW!!! FEE IS \$150.00	9. Election Campaign Fin Trust Fund Contribution		.00 May Be	In accordance	with s. 607.193(2)(b), F.S., the not receive the prior notice.		
	ue by September 6, 2006			23 64 5	50.00.00.00			
10.	OFFICERS AND D	HECTORS				resignation and the second		
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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:

STREET ADDRESS CITY-ST-ZIP