



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 027 ***150.00

DOCUMENT # S07194 1. Entity Name INTERNATIONAL REINSURANCE, INC.					
Principal Place of Business 3100 OCEAN BLVD SUITE 2808 FORT LAUDERDALE, FL 33308				Mailing Address 3100 OCEAN BLVD SUITE 2808 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business 3100 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. #2808		3. Mailing Address 3100 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. #2808			
City & State FORT LAUDERDALE FLORIDA Zip 33308		City & State FORT LAUDERDALE, FLORIDA Zip 33308		4. FEI Number 58-1917243	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAY, LAURENCE B 3100 OCEAN BLVD SUITE 2808 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name DAY LAURENCE B Street Address (P.O. Box Number is Not Acceptable) 3100 NORTH OCEAN BOULEVARD SUITE 2808 City FORT LAUDERDALE FL Zip Code 33308	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, LAURENCE B 3100 OCEAN BLVD., #2808 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, LAURENCE B 3100 NORTH OCEAN BLVD., #2808 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, LAURENCE B 3100 NORTH OCEAN BLVD., #2808 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Laurence B Day</u> 3/16/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					