2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# S47266

Entity Name: STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION

Current Principal Place of Business:

16155 SW 117 AVE
BAY B-15
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

16155 SW 117 AVE
BAY B-15
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 65-0259290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOATWRIGHT, LEONARD
16155 SW 117 AVE
STE. B-15
MIAMI, FL 33137 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:	CAREY, GREGORY	
Address:	9625 DOMINICAN	
City-St-Zip:	MIAMI, FL	
Title:	DS	( ) Delete
Name:	BOATWRIGHT, LEONARD, M JR	
Address:	15410 SW 84TH AVE	
City-St-Zip:	MIAMI, FL 33187	
Title:	PD	( ) Delete
Name:	KOPPELMANN, W.J.,	
Address:	13220 SW 146 STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	JACOBS, RONALD	
Address:	4273 PINE RIDGE COURT	
City-St-Zip:	WESTON, FL 33331	
Title:	DT	( ) Delete
Name:	TAPPIN, ANTHONY R	
Address:	404 NORTH WEST SHORE VIEW DR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

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:		
Title:	DT	(X) Change ( ) Addition
Name:	TAPPIN, ANTHONY R	
Address:	404 NORTH WEST SHOREVIEW DR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

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: WILLIAM KOPPELMANN PD 01/24/2006

Electronic Signature of Signing Officer or Director — Date