2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AN Secretary of State DOCUMENT #V32266 1. Entity Name EISENBERG INSURANCE GROUP, INC. Principal Place of Business Mailing Address **5025 COLLINS AVE** 12955 BISCAYNE BLVD. SUITE 202 SUITE 704 MIAMIL FL 33181 MIAMI, FL 33140 US No Chg-P 04172006 CR2E034 (11/05) 4. FEI Number Applied For 65-0333802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EISENBERG, S J 12955 BISCAYNE BLVD. SUITE 202 MIAMI, FL 33181 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. Specture, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstitting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS mn F NAME EISENBERG, S.J. STREET ADDRESS **5025 COLLINS AVE** CITY-ST-ZIP MIAMI, FL 33140 TITLE NAME U00000528804 STREET ADDRESS 05/05/06-80052-015 150.00 CRY-ST-ZIP TITLE STREET ADDRESS CTY-ST-ZP TITLE NAME STREET ADDRESS CITY-51-21P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-SI-ZIP 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 807, 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 AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR

SIGNATURE:

FILED