

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 12, 2006  
Secretary of State**

DOCUMENT# V51785

Entity Name: DEPALMA INSURANCE, INC.

**Current Principal Place of Business:**

1057 COLLINGSWOOD BLVD.  
UNIT C  
PORT CHARLOTTE, FL 33953 US

**New Principal Place of Business:**

3626 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

1057 COLLINGSWOOD BLVD  
UNIT C  
PORT CHARLOTTE, FL 33953 US

**New Mailing Address:**

3626 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

FEI Number: 59-3132424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEPALMA, L. CATHERINE  
1057 COLLINGSWOOD BLVD  
UNIT C  
PORT CHARLOTTE, FL 33953 US

**Name and Address of New Registered Agent:**

DEPALMA, L. CATHERINE  
3626 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 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: \_\_\_\_\_ 07/12/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEPALMA, L. CATHERINE  
Address: 11077 SW CYPRESS BEND AVE  
City-St-Zip: ARCADIA, FL 34266

Title: ST (X) Delete  
Name: DEPALMA, MICHAEL L.  
Address: 11077 SW CYPRESS BEND AVE  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DEPALMA, L. CATHERINE  
Address: 11077 SW CYPRESS BEND AVE  
City-St-Zip: ARCADIA, FL 34269

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: L CATHERINE DEPALMA      P      07/12/2006  
Electronic Signature of Signing Officer or Director      Date