2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # V62455 E INSURANCE INC.					90129 020 ***150	0.00	
Principal Plac	e of Business	Mailing Address		100	033801			
1030 E LAFAYETTE ST., #106 TALLAHASSEE, FL 32301 US		1030 E LAFAYETTE ST., #106 TALLAHASSEE, FL 32301 US		40				
2. Principal Place of Business 1138 E. Trunessee St. Suite, Apt. #, etc.		3. Mailing Address 1138 E. Tennesspe St Suite, Apt. #, etc.						
ounc, Apr.	", 0.0.	Suita, Apr. #, etc.		03152006	Chg-P	CR2E034 (11/05)	
City & State	espe Fl		=L	4. FEI Numbe 59-314			Applied For Not Applicable	
Zip 323	SO8 Country Lean	Zip 32308 Co	Leon	5. Certificate	of Status Desired	S8.75 Ac		
	-6Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
CANCO MAIN LIAMA A			Name					
DAVIS, WILLIAM A 1507 OFFICER PONCE WAY TALLAHASSEE, FL 32303			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	.,							
			City	· <u></u>		FL Zip Co	de	
8. The above	named entity submits this statement is	the purpose of changing its regist		tered agent, or bot	h, in the State of F		n, and accept	
the obligat	ions of registered agent.) (•	
SIGNATURE_	William A. L.	low				3-15.06		
	Signature, typed or printed name of registered age	and title if applicable. (NOTE: Regist	tered Agent signature requir	red when reinstating)		DATE		
FIL	Signature, typed or profest name of registered age. E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaign Fir	nancing _ \$	5.00 May Be dided to Fees	-	DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fir Trust Fund Contributio	nancing _ \$	5.00 May Be odded to Fees	CHANGES TO OF	DATE FICERS AND DIRECTOR		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3-15-06

850-878-9664

Daytime Phone #