2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003306

Entity Name: ECC INSURANCE BROKERS, INC.

FILED Mar 07, 2006 Secretary of State

Current P	rincipal Place		New Principal Place of Business:					
1211 W. 22ND STREET, SUITE 512 OAK BROOK, IL 60523				1211 W. 22ND STREET SUITE 512 OAK BROOK, IL 60523				
Current N	lailing Addre	New Mailing Address:						
1211 W. 22ND STREET, SUITE 512 OAK BROOK, IL 60523				1211 W. 22ND STREET SUITE 512 OAK BROOK, IL 60523				
FEI Number	: 20-2146964	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certifi	cate of Status	Desired ()
Name and	d Address of (Current Registered Agent:		Name and	Address	of New Re	egistered Ag	jent:
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 012525 US						
	e named entity e of Florida.	submits this statement for the pu	urpose o	of changing i	ts register	red office or	registered a	gent, or both,
SIGNATUI								
	Electro	nic Signature of Registered Age	nt				Date	_
Election Ca	mpaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
Title: Name: Address: City-St-Zip:	REAL, DANIEL	STREET, SUITE 512		Title: Name: Address: City-St-Zip:		() Change	e () Addition	
Title: Name: Address: City-St-Zip:	PENNY, J. SC	STREET, SUITE 150		Title: Name: Address: City-St-Zip:		()Change	e () Addition	
Title: Name: Address: City-St-Zip:	GRAMMIG, LA	.L. KING, JR. BLVD., #400		Title: Name: Address: City-St-Zip:		()Change	e () Addition	
Title: Name: Address: City-St-Zip:	DONNEGAN, T	.L. KING, JR. BLVD., #400		Title: Name: Address: City-St-Zip:		()Change	e () Addition	
Title: Name: Address: City-St-Zip:	WALKER, COI 220 S. RIDGE			Title: Name: Address: City-St-Zip:		. , .		
Title: Name: Address: Citv-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	220 S. RII	() Change , JEFFERY DGEWOOD A A BEACH, FL		

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: LAUREL L. GRAMMIG S 03/07/2006