

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 011 ***150.00

DOCUMENT # F05000006850
1. Entity Name
**ASSOCIATION GROUP INSURANCE ADMINSTRATORS,
INC.**



Principal Place of Business
**1155 EUGENIA PLACE
CARPINTERIA, CA 93013**

Mailing Address
**1155 EUGENIA PLACE
CARPINTERIA, CA 93013**

DO NOT WRITE IN THIS SPACE

40050120



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-1948500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NRAI SERVICES INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGLE, JOHN BYRON 1155 EUGENIA PLACE CARPINTERIA, CA 93013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD CAPRITTO, JULIETTE L 1155 EUGENIA PLACE CARPINTERIA, CA 93013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARD-VASQUEZ, PATRICIA M 1155 EUGENIA PLACE CARPINTERIA, CA 93013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-27-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #