2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# F03000005242

Entity Name: LPA INSURANCE AGENCY, INC.

Current Principal Place of Business:

2720 GATEWAY OAKS DR. #280
SACRAMENTO, CA 95833

New Principal Place of Business:

Current Mailing Address:

2720 GATEWAY OAKS DR. #280
SACRAMENTO, CA 95833

New Mailing Address:

FEI Number: 68-0417308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUIMBY, ROGERS
1432 COURT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

CT CORPORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DEREK WHIPPLE 02/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, TIMOTHY L
Address: 2720 GATEWAY OAKS DRIVE, STE 280
City-St-Zip: SACRAMENTO, CA 95833

Title: D ( ) Delete
Name: BANCO, JOSEPH
Address: 336 FOURTH AVENUE, STE 5
City-St-Zip: PITTSBURGH, PA 15222

Title: P ( ) Delete
Name: BROWN, TIMOTHY L
Address: 2720 GATEWAY OAKS DRIVE, STE. 280
City-St-Zip: SACRAMENTO, CA 95833

Title: VP ( ) Delete
Name: FONG, SARAH F
Address: 2720 GATEWAY OAKS DRIVE, STE. 280
City-St-Zip: SACRAMENTO, CA 95833

Title: CFO ( ) Delete
Name: BANCO, JOSEPH
Address: 336 FOURTH AVENUE, STE 5
City-St-Zip: PITTSBURGH, PA 15222

Title: D ( ) Delete
Name: DOWNS, DAVID
Address: 336 FOURTH AVENUE, STE 5
City-St-Zip: PITTSBURGH, PA 15222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TIMOTHY L. BROWN P 02/10/2006
Electronic Signature of Signing Officer or Director Date