


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 023 ***150.00

DOCUMENT # F98000004590

1. Entity Name
CIC INSURANCE BROKERS, INC.



Principal Place of Business Mailing Address

1240 NORTH LAKEVIEW AVENUE 1240 NORTH LAKEVIEW AVENUE
 SUITE #250 SUITE #250
 ANAHEIM, CA 92807 ANAHEIM, CA 92807

60023204



2. Principal Place of Business 3. Mailing Address

8225 FM 707 S **8225 FM 707 S**

Suite, Apt. #, etc. Suite, Apt. #, etc.

03182006 Chg-P CR2E034 (11/05)

City & State City & State

ABILENE TX **ABILENE TX**

Zip Country Zip Country

79602 USA **79602 USA**

4. FEI Number Applied For

95-3212029 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REED, MARIA C
114 WOODRIDGE TRAIL
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, CHARLES T	
STREET ADDRESS	20435 VIA CADIZ	
CITY-ST-ZIP	YORBA LINDA, CA 92886	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, CAROL A	
STREET ADDRESS	20435 VIA CADIZ	
CITY-ST-ZIP	YORBA LINDA, CA 92886	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Charles T Kelly Date: 3-22-06 Daytime Phone #: 325-673-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR