2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20234

FILED Feb 16, 2006 Secretary of State

Entity Name: PEARL INSURANCE SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1200 E. GI PEORIA H	LEN AVE. IEIGHTS, IL 6	16165348		
Current Mailing Address:		New Mailing Address:		
1200 E. GI PEORIA H	LEN AVE. IEIGHTS, IL 6	16165348		
FEI Number	: 37-0817309	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1202 HAY SUITE 105 TALLAHA:	ES STREET S SSEE, FL 323		purpose of changing its registe	red office or registered agent, or both,
n the State				3 , , ,
	o or r iorida.			
SIGNATU				
SIGNATU	RE:	nic Signature of Registered Ag	ent	Date
	RE: Electron	nic Signature of Registered Ag	ent	Date
Election Ca	RE: Electron	g Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR
Election Cal OFFICER Title: Name: Address:	Electron mpaign Financin S AND DIREC CD (PEARL, JOHN 1200 E. GLEN	g Trust Fund Contribution (). TORS: Delete P.,		
Election Ca	Electron mpaign Financin S AND DIREC CD (PEARL, JOHN 1200 E. GLEN PEORIA HEIGH P (PEARL, GARY 1200 E. GLEN	g Trust Fund Contribution (). TORS:) Delete P., AVE. HTS, IL 616145348) Delete P	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Election Cal OFFICER: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electron mpaign Financin S AND DIREC CD (PEARL, JOHN 1200 E. GLEN PEORIA HEIGH PEARL, GARY 1200 E. GLEN PEORIA HEIGH	g Trust Fund Contribution (). TORS:) Delete P., AVE. HTS, IL 616145348) Delete P AVE. HTS, IL 616165348) Delete GORY S WICK DR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition

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: GARY P. PEARL P 02/16/2006