

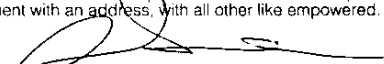


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90080 033 ***150.00

DOCUMENT # 832915 1. Entity Name DIRECTNET INSURANCE AGENCY, INC.					
Principal Place of Business 4500 PARK GRANADA CALABASAS, CA 91302 US			Mailing Address 8521 FALLBROOK AVENUE WH-11 CANOGA PARK, CA 91304 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 13-2641991	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISSINGER, ANDREW III 4500 PARK GRANADA CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 4500 PARK GRANADA CALABASAS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 W. Hillcrest Drive Thousand Oaks, CA 91360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, ROBERT V 225 W. HILCREST DRIVE THOUSAND OAKS, CA 91360	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC HALLETT, SHARON 994 FLOWER GLEN ROAD SIMI VALLEY, CA 93065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO SCRIVENER, THOMAS MATTHEW 3349 MICHELSON DR., #200 IRVINE, CA 92612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PCOO Closser, Ronald 994 Flower Glen Road Simi Valley, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERTZEL, KENNETH 3340 MICHELSON DR., #200 IRVINE, CA 92612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 W. Hillcrest Drive Thousand Oaks, CA 91360
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:  Glenda J. Daniel, Assistant Secretary				03/05/2007 (818) 316-8454 <small>Date Daytime Phone #</small>	