

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90022 008 \*\*\*150.00

<b>DOCUMENT # 857805</b> 1. Entity Name <b>CAL FED INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>2710 WINONA BURBANK, CA 91504</b>		Mailing Address <b>3800 CITIGROUP CENTER DR G2-18 TAMPA, FL 33610</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 31226</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		4. FEI Number <b>95-2707935</b>	
Zip <b>33631-3226</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04182007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P / Dir.</b> <b>BECKMAN, WILLIAM P</b> <i>William Beckmann</i> <b>1000 TECHNOLOGY DR.</b> <b>O' FALLON, MO 63304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVP / Dir.</b> <b>MCDONALD, KEITH</b> <b>1000 TECHNOLOGY DR.</b> <b>O'FALLON, MO 63304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D / VP</b> <b>COLLINS, RALPH O II</b> <b>1000 TECHNOLOGY DR</b> <b>HALLAM, NE 68368</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPS</b> <b>BOYHER, JEFFREY L</b> <b>1000 TECHNOLOGY DR.</b> <b>O'FALLON, MO 63304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>CALIA, VITO</b> <b>1000 TECHNOLOGY DR.</b> <b>O'FALLON, MO 63301</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Paul Ince</b> <b>1089 Technology Drive</b> <b>O'Fallon, MO 63304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jeffrey L Boyher</i> <small>Signature, typed or printed name of signing officer or director</small>		Date <b>5-7-07</b> Daytime Phone # <b>630-241-6540</b>	