


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 008 ***150.00

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|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F00000003998 1. Entity Name C.P.A. INSURANCE COMPANY |  |
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| Principal Place of Business P.O. BOX 250010 WEST BLOOMFIELD, MI 48325-0010 | Mailing Address P.O. BOX 250010 WEST BLOOMFIELD, MI 48325-0010 |
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|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

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|--------------|--------------|
| City & State | City & State |
| Zip | Country |



01102006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 38-0391970 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT ROSS, WILLIAM JAMES III 4312 ORCHARD LAKE ROAD, SUITE 200 WEST BLOOMFIELD, MI 48323 <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 BREER, CORINNE HELEN 3054 KINGS GATE WAY BLOOMFIELD HILLS, MI 48302 <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 | AS JAHNKE, SHARON D 4312 ORCHARD LAKE ROAD, SUITE 200 WEST BLOOMFIELD, MI 48323 <input checked="" 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 | AS ROSS, MICHELLE A 4312 ORCHARD LAKE RD STE 200 WEST BLOOMFIELD, MI 48323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date _____ Daytime Phone # _____