



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000001255 1. Entity Name ALAN GRAY INSURANCE SERVICES, INC.	
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Principal Place of Business 88 BROAD STREET BOSTON, MA 02110	Mailing Address 88 BROAD STREET BOSTON, MA 02110
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DO NOT WRITE IN THIS SPACE

	
01022007 No Chg-P CR2E034 (11/05)	
4. FEI Number 04-3234795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 3331

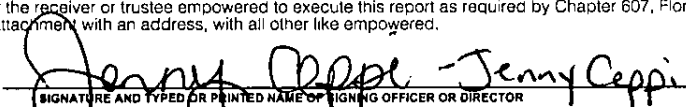
DO NOT WRITE IN THIS SPACE

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>
U000000579650 01/10/07-80015-000 150.00

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEPPI, MICHAEL F 88 BROAD STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CEPPI, JENNY C 88 BROAD STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEPPI, MICHAEL F 88 BROAD STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/4/07 <small>Date</small>	617-4206255 <small>Daytime Phone #</small>