



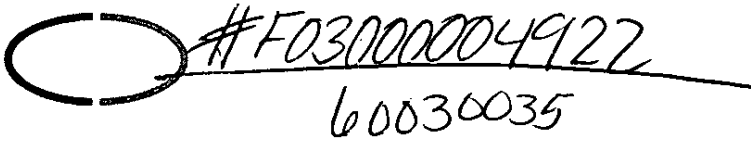
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90367 040 \*\*\*150.00

|  |  |   |  |   |                                     |
|--|--|---|--|---|-------------------------------------|
| <b>DOCUMENT # F03000004922</b><br>1. Entity Name<br><b>OF INSURANCE AGENCY, INC.</b>   |  |   |  |                            |                                     |
| Principal Place of Business<br><b>27777 FRANKLIN ROAD, SUITE 1700</b><br><b>SOUTHFIELD, MI 48034</b>   |  |   | Mailing Address<br><b>27777 FRANKLIN ROAD, SUITE 1700</b><br><b>SOUTHFIELD, MI 48034</b>   |   |                                     |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |   |                                     |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |                                     |
| City & State   |  | City & State  |  |   |                                     |
| Zip  | Country  | Zip   | Country  |   |                                     |
| 4. FEI Number<br><b>20-0207463</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75</b> Additional<br>Fee Required   |   |                                     |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |   |                                     |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |                                     |
| 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 _____ DATE _____<br><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</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |                                     |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD</b><br><b>KLEIN, RON</b><br><b>27777 FRANKLIN ROAD, SUITE 1700</b><br><b>SOUTHFIELD, MI 48034</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>ST</b><br><b>GEATER, ANDY</b><br><b>27777 FRANKLIN ROAD, SUITE 1700</b><br><b>SOUTHFIELD, MI 48034</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>W. Anderson Geater, Jr.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>V</b><br><b>EMMINGER, DOUGLAS A</b><br><b>27777 FRANKLIN RD SUITE 1700</b><br><b>SOUTHFIELD, MI 48034</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |                                     |
| <b>SIGNATURE:</b>   |  |   | <b>, Ronald A. Klein, President</b>  |   |                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date <b>4/14/06</b>  |   | Daytime Phone # <b>248-746-7000</b> |

ATTACHMENT

#F03000004922  
60030035

ORIGEN FINANCIAL L.L.C.  
27777 Franklin Road, Suite 1700  
Southfield, MI 48034-8202  
(877) 644-8838  
(248) 746-7091 Fax

**O R I G E N**  
WE START WITH YOU.

JoAnn Broadnax  
Legal Assistant  
Direct dial: (248) 746-7032  
jbroadnax@ofllc.com

April 20, 2006

By DHL

Division of Corporations  
2670 Executive Center Circle, Suite 100  
Tallahassee, FL 32301

**Re: 2006 for Profit Corporation Annual Report**

Dear Sir/Madam:

Enclosed for filing with your Department is the 2006 for profit corporation Annual Report of OF Insurance Agency, Inc. Also enclosed is the check for the \$150.00 renewal fee.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

  
JoAnn Broadnax

Enclosures