## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004228

WAYNE, PA 19087

City-St-Zip:

Entity Name: CAPITAL ASSURANCE GROUP INC.

FILED Jan 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 656 EAST SWEDESFORD ROAD, SUITE 102 **WAYNE, PA 19087 Current Mailing Address: New Mailing Address:** 656 EAST SWEDESFORD ROAD, SUITE 102 **WAYNE, PA 19087** FEI Number: 23-3063786 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIVERS, HB 245 EAST VIRGINA STREET TALLAHASSEE, FL 32301 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PSCD** ( ) Delete Title: () Change () Addition KOSTOPOULOS, GEORGE Name: Name: 656 EAST SWEDESFORD ROAD, SUITE 102 Address: Address: City-St-Zip: WAYNE, PA 19087 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MELOY, BARBARA J Name: 656 EAST SWEDESFORD ROAD, SUITE 102 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J MELOY TD 01/06/2006