



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 006 ***158.75

DOCUMENT # F05000004678 1. Entity Name A I M INSURANCE AGENCY INC. (DE)					
Principal Place of Business 11 GREENWAY PLAZA, SUITE 100 ATTN: TABITHA WASHINGTON HOUSTON, TX 77046			Mailing Address 11 GREENWAY PLAZA, SUITE 100 ATTN: TABITHA WASHINGTON HOUSTON, TX 77046		
2. Principal Place of Business N/A		3. Mailing Address N/A		 01062006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 76-0457666				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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 N/A Street Address (P.O. Box Number is Not Acceptable) City FL 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEEDLES, GENE L <input type="checkbox"/> Delete 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Krista D. Gibson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Greenway Plaza, Suite 100 Houston, TX 77046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PIERCE, BRIAN D <input checked="" type="checkbox"/> Delete 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Jim A. Coppedge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Greenway Plaza, Suite 100 Houston, TX 77046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWLEY, DAWN M <input type="checkbox"/> Delete 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Peter Davidson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Greenway Plaza, Suite 100 Houston, TX 77046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMSON, MARK H <input type="checkbox"/> Delete 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HATCH, JOHN D <input checked="" type="checkbox"/> Delete 4703 BRAYTON TERRACE S PALM HARBOR, FL 34685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PFLUEGER, KATHLEEN D <input type="checkbox"/> Delete 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		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: _____ <i>[Signature]</i> _____ 1/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					