2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000000975

Current Principal Place of Business:

Entity Name: CABRILLO GENERAL INSURANCE AGENCY, INC.

FILED May 28, 2008 Secretary of State

7071 CONVOY CT., STE. 201 SAN DIEGO, CA 92111 **Current Mailing Address: New Mailing Address:** 7071 CONVOY CT., STE. 201 SAN DIEGO, CA 92111 FEI Number: 33-0947700 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: KUBICOCK, RALPH LOSHONKOHL, RONDA 5730 NW 28TH TERR. 5730 NW 28TH TERR. US GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 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: RONDA LOSHONKOHL 05/28/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SAN DIEGO, CA 92111

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: () Delete Title: (X) Change () Addition JESTER, ROBERT C. MCNITT, MICHAEL Name: Name: 7071 CONVOY CT., STE. 201 7071 CONVOY CT., STE. 201 Address: Address: City-St-Zip: SAN DIEGO, CA 92111 City-St-Zip: SAN DIEGO, CA 92111 Title: () Change () Addition Title: (X) Delete Name: HAGEN, GREGORY J Name: 7071 CONVOY CT., STE. 201 Address: Address: SAN DIEGO, CA 92111 City-St-Zip: City-St-Zip: Title: Title: DP (X) Delete () Change () Addition MCNITT, MICHAEL Name: Name: 7071 CONVOY CT., STE. 201 Address: Address: City-St-Zip: SAN DIEGO, CA 92111 City-St-Zip: Title: DV (X) Delete Title: () Change () Addition BARIUAN, RUFINA Name: Name: Address: 7071 CONVOY CT., STE. 201 Address:

Title: S (X) Delete Title: () Change () Addition

 Name:
 HENG, LILIAN
 Name:

 Address:
 7071 CONVOY CT., STE. 201
 Address:

 City-St-Zip:
 SAN DIEGO, CA 92111
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MICHAEL KNITTLE O 05/28/2008