2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90073 005 ***150.00

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1. Entity Name
CALCO INSURANCE BROKERS & AGENTS, INC.

Principal Place of Business	Mailing Address
2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403	2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 94-3195221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES INC 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331	Name 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CEOD RYAN, DAN 2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C & D Jeffery B. Cappel 2000 Alameda de las Pulgas San Mateo, CA 94403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO LEE, AMY 2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S & T David Kalov 2000 Alameda de las Pulgas San Mateo, CA 94403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: David Kalov [signature] 4/2/07 (650)295-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #