2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Name GUARANTY CALIFORNIA INSURANCE SERVICES INC.				01-22-2008	3 90069 00	os ****15	0.00
Incipal Place of Business Mailing Address 45 S FIGUEROA ST 445 S FIGUEROA ST 6TH FLOOR 36TH FLOOR DS ANGELES, CA 90071 LOS ANGELES, CA 90071							
. Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		01072008	Chg-P	CR2E03	4 (12/06)		
City & State		4. FEI Number 74-3015	339			plied For t Applicable	
	Country				□ Ė.	ee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY			ress (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.							
and life if applicable. (IVQ)	E Registered Agent's	Signaturo reguired	when reinstating)		DATE		
	11,		ADDITIONS/C	HANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
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indicated on this report or supplied with rist filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. 512-434-8464 Dayting Promp # SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR