

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005044

FILED
Jan 03, 2008
Secretary of State

Entity Name: COMPLETE INSURANCE, INC.

Current Principal Place of Business:

19000 MACARTHUR BLVD - PENTHOUSE FLOOR
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

19000 MACARTHUR BLVD - PENTHOUSE FLOOR
IRVINE, CA 92612

New Mailing Address:

FEI Number: 95-2760243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LN
STE 200
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: BERG-HANSEN, STEPHEN
Address: 19000 MACARTHUR BLVD - PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

Title: PD () Delete
Name: D'ASARO, ANTHONY J
Address: 19000 MACARTHUR BLVD - PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

Title: STD () Delete
Name: HYLAND, RICHARD W
Address: 19000 MACARTHUR BLVD - PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

Title: VP () Delete
Name: BURNS, BARBARA A
Address: 19000 MACARTHUR BLVD - PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: SAMPSON, SUSAN J
Address: 19000 MACARTHUR BLVD-PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: MALONEY, SHARON K
Address: 19000 MACARTHUR BLVD-PENTHOUSE FLOOR
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: RICHARD W HYLAND

VP

01/03/2008

Electronic Signature of Signing Officer or Director

Date