## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005102

Address:

City-St-Zip:

5650 SKYLINE CIRCLE

LA VERNE, CA 91750

Entity Name: MARK INSURANCE SERVICES, INC.

FILED Feb 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	.ACEY AVE., \$ IA, CA 91105	SUITE 100			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	.ACEY AVE., \$ IA, CA 91105	SUITE 100			
FEI Number	: 95-2559650	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address of	f New Registered Agent:	
1267 BER	OHN D ESQU KSHIRE LANE SPRINGS, FL	E, SUITE 200			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( TORRES, MIKI 5650 SKYLINE LA VERNE, CA	CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST ( TORRES, PAT	) Delete RICIA L	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE TORRES PRES 02/27/2007