

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006363

FILED
Mar 28, 2006
Secretary of State

Entity Name: PERSONAL INSURANCE ADMINISTRATORS, INC.

Current Principal Place of Business:

30401 AGOURA ROAD
SUITE 250
AGOURA HILLS, CA 91301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6040
AGOURA HILLS, CA 91376 US

New Mailing Address:

FEI Number: 95-3975325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PS () Delete
Name: GILBERT, CHRISTINE L
Address: 22649 MOBILE ST
City-St-Zip: WEST HILLS, CA 91307

Title: D () Delete
Name: STONE, MICHAEL D
Address: 12852 WOODBRIDGE #4
City-St-Zip: STUDIO CITY, CA 91604

Title: CEO () Delete
Name: ATIKIAN, JOHN
Address: 1945 CRESTSHIRE DRIVE
City-St-Zip: GLENDALE, CA 91208 US

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:

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: CHRISTINE GILBERT

PS

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date