


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90003 010 ***150.00

DOCUMENT # F97000005144	
1. Entity Name ZC STERLING INSURANCE AGENCY, INC.	

40017.531

Principal Place of Business 210 INTERSTATE NORTH PKWY SUITE 400 ATLANTA, GA 30339 US	Mailing Address 210 INTERSTATE NORTH PKWY SUITE 400 ATLANTA, GA 30339 US
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2. Principal Place of Business 9800 MUIRLANDS BLVD	3. Mailing Address
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02102006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State IRVINE CALIFORNIA	City & State
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4. FEI Number 95-3953356	Applied For <input type="checkbox"/> Not Applicable
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Zip 92618	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMINARIO, MICHAEL 8655 BAYPINE ROAD, BLDG.6 JACKSONVILLE, FL 32256

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROCHALIS, WILLIAM 226 LINDSEY PL MARIETTA, GA 30067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILER, TRACY E. 28782 VISTA SADDLEBACK TRABUCO CANYON, CA 92679 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS NOVAK, JAMES P 210 INTERSTATE NORTH PKWY., STE. 400 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NOVAK, JAMES P. 210 INTERSTATE NORTH PKWY., STE:400 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZEL, ADAM 76 CROSBY STREET, 4TH FLOOR NEW YORK, NY 10012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROCHALIS, WILLIAM J. 210 INTERSTATE NORTH PKWY., STE:400 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, RONALD MARK 210 INTERSTATE NORTH PKWY., STE 400 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAASEN, JOEL 17 HIDDEN SPRING DRIVE WESTON, CT 06883 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKS, STEVE 210 INTERSTATE NORTH PKWY ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FRANKS, STEPHEN G. 210 INTERSTATE NORTH PKWY., STE:400 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Stephen G. Frank</u>	2-24-06	770.690.8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #