2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000529

Entity Name: BALBOA INSURANCE SERVICES, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4500 PARK GRANADA CALABASAS, CA 91302							
Current Mailing Address:				New Mailing Address:			
8521 FALLBROOK AVE WH-11 WEST HILLS, CA 91304			8521 FALLBROOK AVE CA9-902-02-01 WEST HILLS, CA 91304				
FEI Number: 95-4662705 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TRES () Delete MERTZEL, KENNETH L 225 W HILLCREST DR THOUSAND OAKS, CA 91360			Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition TOBIN, TIMOTHY N 201 N TRYON ST CHARLOTTE, NC 28255		
Title: Name: Address: City-St-Zip:	SVPS () Delete HALLETT, SHARON 994 FLOWER GLEN ROAD SIMI VALLEY, CA 93065			Title: Name: Address: City-St-Zip:	PRES (X) KUHN, DAVID 3349 MICHELS IRVINE, CA 926		
Title: Name: Address: City-St-Zip:	D () E GARCIA, CARLO 225 W HILLCRES THOUSAND OAK	ST DR		Title: Name: Address: City-St-Zip:	SEC (X) COSTAMAGNA, 555 CALIFORNI SAN FRANCISC	IA STREET	
Title: Name: Address: City-St-Zip:	PCOO () E CARDINAL, STEV 8800 E RAINTRE SCOTTSDALE, A	E DR STE 190		Title: Name: Address: City-St-Zip:	AS (X) MURPHY, PAMI 8521 FALLBRO WEST HILLS, C	OK AVENUE	
Title: Name: Address: City-St-Zip:	D () E GISSINGER, AND 4500 PARK GRA CALABASAS, CA	NADA		Title: Name: Address: City-St-Zip:	D (X) KUHN, DAVID 3343 MICHELSO IRVINE, CA 920		
Title: Name: Address: City-St-Zip:	D (X) I JAMES, ROBERT 225 W HILLCRES THOUSAND OAK	ST DR		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: PAMELA MURPHY AS 04/21/2009