

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 028 \*\*\*150.00

**60030347**



04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F99000004044</b> 1. Entity Name <b>AMERICAN GENERAL FINANCIAL DISTRIBUTORS OF FLORIDA, INC.</b>					
Principal Place of Business <b>2929 ALLEN PARKWAY HOUSTON, TX 77019</b>			Mailing Address <b>2929 ALLEN PARKWAY HOUSTON, TX 77019</b>		
2. Principal Place of Business		3. Mailing Address <b>2929 ALLEN PARKWAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>A6-20</b>			
City & State		City & State <b>HOUSTON TX</b>		4. FEI Number <b>76-0446824</b>	
Zip		Country <b>77019 US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICES COMPANY C/O MARIA S. REPLOGLE 120 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO LINDSAY, RICHARD J 2929 ALLEN PKWY HOUSTON, TX 77019</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO CRICKS, DANIEL R 2929 ALLEN PARKWAY HOUSTON, TX 77019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS DEN BOER, DAVID H 2929 ALLEN PARKWAY HOUSTON, TX 77019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GALERSTON, ROBYN 2929 ALLEN PARKWAY HOUSTON, TX 77019</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCO VERBERKMOES, KRIEN 2929 ALLEN PARKWAY HOUSTON, TX 77019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT REINER, JOHN 2929 ALLEN PARKWAY HOUSTON, TX 77019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOPD EVELYN CURRAN 2929 ALLEN PARKWAY HOUSTON TX 77019</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b>		<b>DANIEL R. CRICKS, TAX OFFICER</b>		<b>04/25/2006</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>713-831-4356</b>	