

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003544

FILED
Feb 02, 2006
Secretary of State

Entity Name: NORTH AMERICAN COMPASS INSURANCE SERVICES GROUP, LLC

Current Principal Place of Business:

773 LONESOME DOVE TRAIL
HURST, TX 76054

New Principal Place of Business:

Current Mailing Address:

773 LONESOME DOVE TRAIL
HURST, TX 76054

New Mailing Address:

FEI Number: 11-3702968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STANLEY, MICHAEL E
Address: 6712 ZERMATT COURT
City-St-Zip: COLLEYVILLE, TX 76034

Title: MGR () Delete
Name: STANLEY, SUMMER S
Address: 6712 ZERMATT COURT
City-St-Zip: COLLEYVILLE, TX 76034

ADDITIONS/CHANGES:

Title: MBR (X) Change () Addition
Name: STANLEY, MICHAEL E
Address: 6712 ZERMATT COURT
City-St-Zip: COLLEYVILLE, TX 76034

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUMMER STANLEY

MGR

02/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date