


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004153</b> 1. Entity Name ARIZONA FEDERAL INSURANCE SOLUTIONS, LLC.	
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Principal Place of Business 3325 E BASELINE ROAD GILBERT, AZ 85234	Mailing Address 3325 E BASELINE ROAD GILBERT, AZ 85234
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3242545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

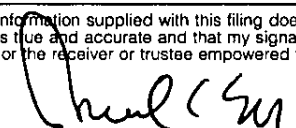
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CYR, PAUL 3325 E BASELINE ROAD GILBERT, AZ 85234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CYR, PAUL 3325 E BASELINE ROAD GILBERT, AZ 85234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, DOUGLAS 3325 E BASELINE ROAD GILBERT, AZ 85234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, DOUGLAS 3325 E BASELINE ROAD GILBERT, AZ 85234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000711939  
04/26/07-80028-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my 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:**  **1/05/07** **480.633.6660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #