


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P16505</b> 1. Entity Name <b>PRE-PAID LEGAL SERVICES, INC.</b>	
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Principal Place of Business <b>ONE PRE-PAID WAY PO BOX 145 ADA, OK 74821-0145</b>	Mailing Address <b>ONE PRE-PAID WAY PO BOX 145 ADA, OK 74821-0145</b>
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04272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-1016728</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO STONECIPHER, HARLAND C RT. 1 BAOX 39 CENTRAHOMA, OK 74534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PINSON, KATHLEEN S 14591 COUNTY ROAD 3588 ADA, OK 74820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC PINSON, KATHLEEN SUSAN 14591 COUNTY ROAD ADA, OK 74820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO HARP, RANDY 13185 COUNTY ROAD 3510 ADA, OK 74820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARP, RANDY 13185 COUNTY ROAD 3510 ADA, OK 74820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/06-80002-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06

Date

580/436-1234

Daytime Phone #

KATHLEEN S. PINSON SECRETARY/TREASURER