


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000107250	
1. Entity Name PACIFIC RIM INSURANCE, INC.	

Principal Place of Business 9675 CASA MAR CIRCLE FORT MYERS, FL 33919	Mailing Address 9675 CASA MAR CIRCLE FORT MYERS, FL 33919
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARMSTRON, WILLIAM G 9675 CASA MAR CIRCLE FORT MYERS, FL 33919

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILLEN, DEBORAH A 519 SUNSET CIR FRANKLIN, KY 42134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, WILLIAM R 2618 FAIRMONT AVE NEW SMYRNA BEACH, FL 32069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EATON, PATRICIA A, 10488 LONGLEAF DR PARKER, CO 80134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCT ARMSTRONG, WILLIAM G 11260 JACINA CT 2001 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCT ARMSTRONG, WILLIAM G 9675 CASA MAR CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHREIBER, BARBARA K 9675 CASA MAR CIRCLE FORT MYERS, FL 33919

1000000-880145
01/11/06-80002-008 158.75

**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 William G. Armstrong, President 1/6/06 239 985 0407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #