

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # V20936

1. Entity Name
WESTERN GENERAL WARRANTY CORPORATION



Principal Place of Business 5230 LAS VIRGENES ROAD SUITE 100 CALABASAS, CA 91302-3447 US	Mailing Address 5230 LAS VIRGENES ROAD SUITE 100 CALABASAS, CA 91302-3447 US
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3126230	Applied For Not Applicable
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5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MANG LAW FIRM, PA
 660 E. JEFFERSON ST.
 TALLAHASSEE, FL 32301**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRlich, ROBERT M 4900 SUMMIT VIEW DR. WESTLAKE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALLUT, DANIEL 24242 PARK ATHENA CALABASAS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUSHNER, MARLEEN F 3547 CORDOVA DR. CALABASAS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRENTS, PATSY A 7381 WEBB RD CHATSWORTH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/25/06-80009-013 158.75

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: Marleen Kushner **Marleen Kushner, Secretary Feb. 9, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #