No. C 144918	Annual Re	e no later than July 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX BEN PAGE 1604 GARRITY BLVD STE 103 NAMPA, ID 83687 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable EL CENTRO INSURANCE, INC. BEN PAGE 1604 GARRITY BLVD STE 103 NAMPA, ID 83687		oplicable 1604 NAM		
NO FILING FEE IF RECEIVED BY DUE DATE	_				
4. Corporations: Enter Nar	mes and Business Address	ses of Presiden	it, Secretary and	i Directors.	
Office held Name	Street or P.O. Addres		<u>City</u>	<u>State</u>	<u>Zip</u>
PRES. BEN PA	th 16608 N. Ya AW PATE		NAMPA	TO	82687
SECR. SUSANN	AN PAGE	SAME			
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5. Organized Under the Laws of: IDAHO	6. Signature	3er R		Date	-10-0%
C 144918	(Typed or	BEN PA	ed.	Title	PRLS
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