

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 12/06

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

401.222.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time trescribed by

law (R.I.G.L 7-1.2-1501(c&d)) is subject to a penalty	fee of \$25.00.	using to fue us annual report	within thirty (30) days a	ifter the time prescribed by	
1. Corporate ID No. 147946		2. Name of Corporation Petra Pacific Insurance Service, Inc.				
3. Street Address Principal Business Office 13950 Cerritos Corp. Dr., Suite A			Cuy Cerritos	State CA	7.ip 90703	
4. Business Phone No. (800) 466-8951		California	5. State of Incorporation California			
6. Brief Description of the Charact The Sale and Service of	er of Business Conducted in Commerciai Insuranc	Rhode Island e Policies			4.00	
7. NAMES AND ADDRESS	es of the officers	: ("X" BOX FOR A	TTACHMENT) [] FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
President Name Christopher J. Jensen			Vice President Name	AND THE PROPERTY OF THE PROPER		
Street Address 13950 Cerritos Corp. Dr., Suite A			Street Address			
City Cerritos	State CA	^{Zip} 90703	City	State	Zip	
Secretary Name Douglas Douthit			Treasurer Name Douglas Douhit			
Street Address 13950 Cerritos Corp. Dr., Suite A			Street Address 13950 Cerritos Corp. Dr., Suite A			
City Cerritos	State CA	^{zip} 90703	City Cerritos	State CA	Zip 90703	
8. NAMES AND ADDRESSI	S OF THE DIRECTOR	RS: ("X" BOX FOR		SPACES BEFORE USII	NG ATTACHMENTS	
Christopher J. Jensen			Director Name Douglas Douthit			
Street Address 13950 Cerritos Corp. Dr., Suite A			Street Address			
City	State	Zip	: 13950 Cerritos Corp. Dr., Suite A			
Cerritos	CA	90703	City Cerritos	State CA	Zip	
Director Name		.1	Director Name		90703	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	 €HMENT)		 ("X" BOX FOR ATTAC		
Number of Shares Class/Series Par Value			Number of Shares	CTION MUST BE COMPLETED Class/Series		
100 COMM \$5.00 PAR VALUE			10,000	None	\$5.00	
1000 3/10/11/3			8 F		e i gar i fil	
This report must be executed this report must be executed	d on behalf of the corporate on behalf of the corporate o	oration by an author oration by the receive	er or trustee. Under penalty of pr	erjury, <u>I deela</u> re and affirm	that I have examined this report.	
File Date FIL	ED.		contained become a	e tue and certain	atements, and that all statements 2/27/08	
Check No PAR 1	4 2008		DOUGLA.	S DOUTHIT	Date	
ву Ву /	<u>4508</u>		Print or Type Name	- V-1/ FIII		
FOR SECRETARY OF ST	ATE USE ONLY		Title			