2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 680631

Entity Name: WOLF INSURANCE AGENCY, INC.

Current Principal Place of Business:

10133 N.W. 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

10133 N.W. 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 59-2024235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLF, MICHAEL H ESQ
1280 S. POWERLINE ROAD
SUITE 20
POMPANO BEACH, FL 33206 US

Name and Address of New Registered Agent:

WOLF, KURT M
10133 N.W 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

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.

SIGNATURE: KURT M. WOLF 03/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WOLF, KURT M.
Address: 10133 N.W. 24TH PLACE #410
City-St-Zip: SUNRISE, FL 33322

Title: S
Name: CONRAD, LILLIAN W.
Address: 10133 N.W. 24TH PLACE #410
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KURT M. WOLF P 03/14/2011
Electronic Signature of Signing Officer or Director Date