

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004283

FILED
Jan 06, 2011
Secretary of State

Entity Name: BRAKKE-SCHAFNITZ INSURANCE BROKERS, INC.

Current Principal Place of Business:

28202 CABOT ROAD
SUITE 500
LAGUNA NIGUEL, CA 92677

New Principal Place of Business:

Current Mailing Address:

6 CLEMENT AVENUE
SARATOGA SPRINGS, NY 12866 US

New Mailing Address:

28202 CABOT ROAD
SUITE 500
LAGUNA NIGUEL, CA 92677

FEI Number: 95-2704711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, CHRISTOPHER T
1970 OTTER WAY
PALM HARBOR, FL 34865 US

Name and Address of New Registered Agent:

3H AGENT SERVICES, INC.
1970 OTTER WAY
PALM HARBOR, FL 34865 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: GARY HARKER

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHAFNITZ, MATTHEW
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: STCO
Name: KOOKOOTSEDES, JOHN
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D
Name: SCHAFNITZ, MATTHEW
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D
Name: KOOKOOTSEDES, JOHN
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

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: GARY HARKER

ARC

01/06/2011

Electronic Signature of Signing Officer or Director

Date