

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000550

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** NAS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

16501 VENTURA BLVD #200  
ENCINO, CA 91436

**New Principal Place of Business:**

**Current Mailing Address:**

16501 VENTURA BLVD #200  
ENCINO, CA 91436

**New Mailing Address:**

FEI Number: 95-3952981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROBIN, EDWARD B  
Address: 16501 VENTURA BLVD #200  
City-St-Zip: ENCINO, CA 91436

Title: P  
Name: ROBIN, RICHARD J  
Address: 16501 VENTURA BLVD #200  
City-St-Zip: ENCINO, CA 91436

Title: S  
Name: LINHARDT, JILL S  
Address: 16501 VENTURA BLVD #200  
City-St-Zip: ENCINO, CA 91436

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: RICHARD JOSEPH ROBIN

PRES

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date