

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141473

FILED
Feb 28, 2011
Secretary of State

Entity Name: INSURANCE PROGRAMS OF AMERICA, INC.

Current Principal Place of Business:

155 CRANES ROOST BLVD., STE 2010
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

155 CRANES ROOST BLVD., STE 2020
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

1661 SANDSPUR RD.
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-8400799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKEY, JULIE
1661 SANDSPUR RD.
MAITLAND, FL 32751 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: DVS
Name: BURKEY, JULIE
Address: 1661 SANDSPUR RD.
City-St-Zip: MAITLAND, FL 32751

Title: DPT
Name: BURKEY, GARY
Address: 1661 SANDSPUR RD.
City-St-Zip: MAITLAND, FL 32751

Title: DCEO
Name: BURKEY, STEFAN D
Address: 1661 SANDSPUR RD
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: KLEIN, J SCOTT
Address: ONE GARRET MOUNTAIN PLAZA, SUITE 901
City-St-Zip: WEST PATERSON, NJ 07424

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: JULIE BURKEY

D VP

02/28/2011

Electronic Signature of Signing Officer or Director

Date