2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

DOCUMENT# P06000141473

Entity Name: INSURANCE PROGRAMS OF AMERICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

498 S. LAKE DESTINY ROAD
SUITE 200
ORLANDO, FL 32810

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: 498 S. LAKE DESTINY ROAD
City-St-Zip: ORLANDO, FL 32810

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

Title: VP
Name: HAGLE, CHRISTOPHER
Address: 498 S. LAKE DESTINY ROAD, SUITE 200
City-St-Zip: ORLANDO, FL 32810

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 VPS 02/21/2012
Electronic Signature of Signing Officer or Director Date