

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087811

FILED
Jan 09, 2012
Secretary of State

Entity Name: ASSURANCE DIMENSIONS, INC.

Current Principal Place of Business:

4920 WEST CYPRESS STREET
107
TAMPA, FL 33607

New Principal Place of Business:

1300 NORTH WESTSHORE BLVD
205
TAMPA, FL 33607

Current Mailing Address:

4920 WEST CYPRESS STREET
107
TAMPA, FL 33607

New Mailing Address:

1300 NORTH WESTSHORE BLVD
205
TAMPA, FL 33607

FEI Number: 26-3429295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, MATTHEW
16049 DAKOTA DRIVE
ODESSA, FL 33556 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: MCNAMARA, MATTHEW
Address: 16049 DAKOTA DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D
Name: JACKSON, DANIEL G
Address: 4305 BEAU RIVAGE CIR
City-St-Zip: LUTZ, FL 33558

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: MATTHEW C. MCNAMARA

PRES

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date