2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# P10000013455

Entity Name: ASSURED INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

4330 W. BROWARD BLVD.
SUITE S
PLANTATION, FL 33317

New Principal Place of Business:

4330 W. BROWARD BLVD.
SUITE S ROOM 2
PLANTATION, FL 33317

Current Mailing Address:

4330 W. BROWARD BLVD.
SUITE S
PLANTATION, FL 33317

New Mailing Address:

4330 W. BROWARD BLVD.
SUITE S ROOM 2
PLANTATION, FL 33317

FEI Number: 27-1940037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, DEBRA A
1350 SE 6TH TERRACE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

MARSHALL, DEBRA A
4330 W. BROWARD BLVD
S ROOM 2
PLANTATION, FL 33317 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: DEBRA MARSHALL 03/03/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TABACCO, RALPH C JR.
Address: 888 PETUNIA DRIVE
City-St-Zip: PLANTATION, FL 33317

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: RALPH TABACCO OWNE 03/03/2011
Electronic Signature of Signing Officer or Director Date