

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

Current Principal Place of Business:

21650 OXNARD STREET, SUITE 1825
WOODLAND HILLS, CA 91367

New Principal Place of Business:

21650 OXNARD STREET
SUITE 1825
WOODLAND HILLS, CA 91367

Current Mailing Address:

21650 OXNARD STREET, SUITE 1825
WOODLAND HILLS, CA 91367

New Mailing Address:

PO BOX 130
CEDAR CITY, UT 84721

FEI Number: 95-4211011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: VP D
Name: FYFE, DOUGLAS D
Address: 21650 OXNARD STREET, SUITE 1825
City-St-Zip: WOODLAND HILLS, CA 91367

Title: COB
Name: LEAVITT, ERIC O
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

Title: P D
Name: UTTERBACK, CHRIS
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

Title: D
Name: LEAVITT, DANE O
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

Title: S
Name: KENNEY, MARK G
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

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: MARK G KENNEY

SEC

04/08/2011

Electronic Signature of Signing Officer or Director

Date