# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2011**
**Secretary of State**

DOCUMENT# 521886

**Entity Name:** INSURANCE PLANS UNLIMITED, INC.

**Current Principal Place of Business:**

6229 OLD CT. RD.
#105
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 812020
BOCA RATON, FL 334812020 US

**New Mailing Address:**

**FEI Number: 59-1706609** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVIN, RONALD D
6229 OLD COURT RD, APT 105
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

SAVIN, RONALD D
6229 OLD COURT RD, APT 105
BOCA RATON, FL 33433 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: RONALD D. SAVIN 03/20/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: SD
Name: SAVIN, BARBARA S
Address: 6229 OLD COURT RD, APT 105
City-St-Zip: BOCA RATON, FL 33433

Title: PD
Name: SAVIN, RONALD D
Address: 6229 OLD COURT RD, APT 105
City-St-Zip: BOCA RATON, FL 33433

Title: VD
Name: FOLEY, JEFFREY D
Address: 6229 OLD COURT RD., APT. 105
City-St-Zip: BOCA RATON, FL 33433

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: RONALD D. SAVIN PRES 03/20/2011
Electronic Signature of Signing Officer or Director Date