

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636262

FILED  
Feb 23, 2011  
Secretary of State

Entity Name: UNITED INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

18250 N.W. 2ND AVENUE  
#102  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1183  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

18250 N.W. 2ND AVENUE  
#102  
MIAMI, FL 33169

FEI Number: 59-2024790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CULLEY, JAMES C  
18250 N.W. 2ND AVENUE, #102  
MIAMI, FL 33169 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: P  
Name: CULLEY, JAMES C  
Address: 18250 NW 2ND AVE, #102  
City-St-Zip: MIAMI, FL 33169 US

Title: S  
Name: CULLEY, SANDRA  
Address: 18250 NW 2ND AVE, #102  
City-St-Zip: MIAMI, FL 33169

Title: VP  
Name: CULLEY, TERESA  
Address: 18250 NW 2ND AVE, #102  
City-St-Zip: MIAMI, FL 33169

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: JAMES C. CULLEY

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date