

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655077

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE FOR STUDENTS, INC.

**Current Principal Place of Business:**

600 CORPORATE DRIVE  
SUITE 101  
FT. LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

5295 TOWN CENTER ROAD  
SUITE 101  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

POST OFFICE BOX 24845  
FT. LAUDERDALE, FL 333074845

**New Mailing Address:**

5295 TOWN CENTER ROAD  
SUITE 101  
BOCA RATON, FL 33486 US

FEI Number: 59-2060619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, PAT W.  
16047 VIA MONTEVERDE  
DELRAY BEACH, FL 33446 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: PST  
Name: WHITE, PAT W.  
Address: 16047 VIA MONTEVERDE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP  
Name: WHITE, PAT W.  
Address: 16047 VIA MONTEVERDE  
City-St-Zip: DELRAY BEACH, FL 33446

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: PAT W WHITE

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date