

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655077

FILED
Mar 22, 2012
Secretary of State

Entity Name: INSURANCE FOR STUDENTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

RA

03/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date