2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CUSTARD INSURANCE ADJUSTERS, INC.

Current Principal Place of Business:

4875 AVALON RIDGE PKWY
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

4875 AVALON RIDGE PKWY
NORCROSS, GA 30071

New Mailing Address:

FEI Number: 35-1188325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: EC
Name: CUSTARD, A.R.
Address: 4875 AVALON RIDGE PKWY
City-St-Zip: NORCROSS, GA

Title: STD
Name: STATE, PAMELA J
Address: 4875 AVALON RIDGE PKWY
City-St-Zip: NORCROSS, GA 30071

Title: CEO
Name: SOBY, ROBERT E
Address: 4875 AVALON RIDGE PKWY
City-St-Zip: NORCROSS, GA 30071

Title: PD
Name: LINVILLE, RICK G
Address: 4875 AVALON RIDGE PKWY
City-St-Zip: NORCROSS, GA 30071

Title: LC
Name: CUSTARD INSURANCE ADJUSTERS, INC./JD
Address: 4875 AVALON RIDGE PARKWAY
City-St-Zip: NORCROSS, GA 30071

Title: VP,S
Name: CLAY, BELINDA
Address: 4875 AVALON RIDGE PARKWAY
City-St-Zip: NORCROSS, GA 30071 US

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: JENNIFER DANKO LC 04/06/2011

Electronic Signature of Signing Officer or Director Date