2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# F03000002934

Entity Name: CAROUSEL INSURANCE SERVICES, INC.

Current Principal Place of Business:

14 BUNSEN
2ND FLOOR
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

PO BOX 1510
LAKE FOREST, CA 92609

New Mailing Address:

FEI Number: 33-0885504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR
Name: SMITH, DENNIS
Address: 14 BUNSEN, 2ND FLOOR
City-St-Zip: IRVINE, CA 92618

Title: PRES
Name: SMITH, DENNIS
Address: 14 BUNSEN, 2ND FLOOR
City-St-Zip: IRVINE, CA 92618

Title: SEC
Name: KING, BARBARA A
Address: 14 BUNSEN, 2ND FLOOR
City-St-Zip: IRVINE, CA 92618

Title: DIR
Name: MERCER, JOHN C
Address: 14 BUNSEN, 2ND FLOOR
City-St-Zip: IRVINE, CA 92618

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: JOHN C. MERCER DIR 01/03/2012

Electronic Signature of Signing Officer or Director Date