2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# F06000000355

Entity Name: AMERICAN HOBBYIST INSURANCE AGENCY, INC.

Current Principal Place of Business:

426 NEWBOLD RD
JENKINTOWN, PA 19046

New Principal Place of Business:

Current Mailing Address:

PO BOX 8343
CHERRY HILL, NJ 08002 03

New Mailing Address:

FEI Number: 31-1782670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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: CDST
Name: BOOKMAN, JILL
Address: 426 NEWBOLD RD
City-St-Zip: JENKINTOWN, PA 19046

Title: DV
Name: KANYUK, AMY
Address: 426 NEWBOLD RD
City-St-Zip: JENKINTOWN, PA 19046

Title: PD
Name: KANYUK, THOMAS
Address: 426 NEWBOLD RD
City-St-Zip: JENKINTOWN, PA 19046

Title: DV
Name: TROUGHT, MELISSA
Address: 426 NEWBOLD RD
City-St-Zip: JENKINTOWN, PA 19046

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: MELISSA TROUGHT DV 02/18/2011

Electronic Signature of Signing Officer or Director Date