

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001569

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** BULWARK INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

8138 LA MILLA  
RANCHO SANTA FE, CA 92067

**New Principal Place of Business:**

6B LIBERTY STE 130  
ALISO VIEJO, CA 92656

**Current Mailing Address:**

PO BOX 8944  
RANCHO SANTA FE, CA 920678944

**New Mailing Address:**

PO BOX 8208  
MCLEAN, VA 22106

**FEI Number:** 20-4433667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
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: PSD  
Name: JOHNSON, JAMES V  
Address: PO BOX 8208  
City-St-Zip: MCLEAN, VA 22106

Title: VP  
Name: JOHNSON, CHRISTINA  
Address: PO BOX 8208  
City-St-Zip: MCLEAN, VA 22106

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: JAMES JOHNSON

PSD

04/16/2012

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

\_\_\_\_\_  
Date