

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003281

FILED  
Jan 04, 2011  
Secretary of State

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

**Current Principal Place of Business:**

111 N. SEPULVEDA BLVD.  
#245  
MANHATTAN BEACH, CA 90266

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. SEPULVEDA BLVD.  
#245  
MANHATTAN BEACH, CA 90266

**New Mailing Address:**

**FEI Number:** 95-4767359      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 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: P  
Name: MOORE, RICHARD J  
Address: 5 DANNAY CLOSE  
City-St-Zip: ASCOT, BERKSHIRE, UK SL5 7PQ UK

Title: SD  
Name: PADILLA, GABRIELA M  
Address: 3503 DEERFORD STREET  
City-St-Zip: LAKEWOOD, CA 90712

Title: CFO  
Name: TAYLOR, GAVIN  
Address: 28 HENRY ROAD  
City-St-Zip: CHELMSFORD, ESSEX, UK CM1 1RG UK

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: GABRIELA M PADILLA

SD

01/04/2011

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

\_\_\_\_\_ Date