

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004463

FILED
Jan 03, 2012
Secretary of State

Entity Name: NETWORK ADMINISTRATORS INSURANCE AGENCY, INC.

Current Principal Place of Business:

512 NE 2ND STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

512 NE 2ND STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 11-3335620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, THOMAS
512 NE 2ND STREET
POMPANO BEACH, FL 33060 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: KELLY, THOMAS
Address: 414 MAIN ST SUITE 103
City-St-Zip: PORT JEFFERSON, NY 11777

Title: V
Name: BARON, DAVID
Address: 3929 OLD LEE HWY SUITE 92C
City-St-Zip: FAIRFAX, VA 22030

Title: S
Name: STEWART, DEBORAH
Address: 3929 OLD LEE HWY SUITE 92C
City-St-Zip: FAIRFAX, VA 22030

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: DAVID W BARON

VP

01/03/2012

Electronic Signature of Signing Officer or Director

Date