2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# F09000004963

Entity Name: SALMEN INSURANCE SERVICES, INC.

Current Principal Place of Business:

6170 INNOVATION WAY
SUITE 0-8
CARLSBAD, CA 92009

New Principal Place of Business:

6170 INNOVATION WAY
CARLSBAD, CA 92009

Current Mailing Address:

6170 INNOVATION WAY
SUITE 0-8
CARLSBAD, CA 92009

New Mailing Address:

6170 INNOVATION WAY
CARLSBAD, CA 92009

FEI Number: 33-0980333 **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: PST
Name: SALVAGIO, PHILLIP
Address: 6817 VIANDA CT.
City-St-Zip: CARLSBAD, CA 92009

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: PHILLIP SALVAGIO CEO 01/03/2011

Electronic Signature of Signing Officer or Director — Date