# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2011**
**Secretary of State**

DOCUMENT# F10000000654

**Entity Name:** INSURANCEBEE INC

**Current Principal Place of Business:**

2 CLOCK TOWER PLACE STE 425
MAYNARD, MA 01754

**New Principal Place of Business:**

**Current Mailing Address:**

2 CLOCK TOWER PLACE STE 425
MAYNARD, MA 01754

**New Mailing Address:**

**FEI Number: 26-4378755** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.
515 E. PARK AVENUE
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: CDPS
Name: HATFIELD, IAIN
Address: 2 CLOCK TOWER PLACE STE 425
City-St-Zip: MAYNARD, MA 01754

Title: T
Name: HATFIELD, IAIN
Address: 2 CLOCK TOWER PLACE STE 425
City-St-Zip: MAYNARD, MA 01754

Title: VP
Name: BONGIORNO, ALYSSA M
Address: 2 CLOCK TOWER PLACE STE 425
City-St-Zip: MAYNARD, MA 01754

Title: D
Name: GAVIN, WATSON
Address: 2 CLOCK TOWER PLACE STE 425
City-St-Zip: MAYNARD, MA 01754

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: ALYSSA M. BONGIORNO VP 03/18/2011

Electronic Signature of Signing Officer or Director Date