2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# F10000005593

Entity Name: AMS INSURANCE SERVICES, INC.

Current Principal Place of Business:

333 FRONT STREET
SUITE 200
SANTA CRUZ, CA 95060

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8507
SANTA CRUZ, CA 95061

New Mailing Address:

FEI Number: 77-0513798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: DAVIS, PAMELA
Address: 333 FRONT STREET #200
City-St-Zip: SANTA CRUZ, CA 95060

Title: VD
Name: BRADSHAW, SUSAN
Address: 333 FRONT STREET #200
City-St-Zip: SANTA CRUZ, CA 95060

Title: SD
Name: CHRISTENSEN, JOHN
Address: 333 FRONT STREET #200
City-St-Zip: SANTA CRUZ, CA 95060

Title: TD
Name: ADAY, KIM
Address: 333 FRONT STREET #200
City-St-Zip: SANTA CRUZ, CA 95060

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: PAMELA DAVIS PD 03/18/2011

Electronic Signature of Signing Officer or Director — Date