

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000771

FILED
Jan 12, 2012
Secretary of State

Entity Name: SHAHINIAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

801 PARK CENTER DRIVE, SUITE 101
SANTA ANA, CA 92705

New Principal Place of Business:

Current Mailing Address:

801 PARK CENTER DRIVE, SUITE 101
SANTA ANA, CA 92705

New Mailing Address:

FEI Number: 33-0788386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

3H AGENT SERVICES, INC.
1970 OTTER WAY
PALM HARBOR, FL 34685 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: DPST
Name: SHAHINIAN, LIZABETH
Address: 801 PARK CENTER DRIVE, SUITE 101
City-St-Zip: SANTA ANA, CA 92705

Title: CFO
Name: SHAHINIAN, LIZABETH
Address: 801 PARK CENTER DRIVE, SUITE 101
City-St-Zip: SANTA ANA, CA 92705

Title: D
Name: SHAHINIAN, SANDRA
Address: 801 PARK CENTER DRIVE, SUITE 101
City-St-Zip: SANTA ANA, CA 92705

Title: DV
Name: SHAHINIAN, LESLIE
Address: 801 PARK CENTER DRIVE, SUITE 101
City-St-Zip: SANTA ANA, CA 92705

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: GARY T. HARKER

AIF

01/12/2012

Electronic Signature of Signing Officer or Director

Date