

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004177

FILED
Jan 03, 2012
Secretary of State

Entity Name: PLOVARIS INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

13389 FOLSOM BLVD., #300-287
FOLSOM, CA 95630

New Principal Place of Business:

Current Mailing Address:

13389 FOLSOM BLVD., #300-287
FOLSOM, CA 95630

New Mailing Address:

FEI Number: 45-2560713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFORD, STEVEN
177 CENTRAL AVE.
SAN MATEO, FL 32187 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: KEESTER, TIMOTHY
Address: 13389 FOLSOM BLVD., #300-287
City-St-Zip: FOLSOM, CA 95630

Title: S
Name: ALFORD, BRUCE
Address: 13389 FOLSOM BLVD., #300-287
City-St-Zip: FOLSOM, CA 95630

Title: TCFO
Name: KNORP, ALBERT SCOTT
Address: 13389 FOLSOM BLVD., #300-287
City-St-Zip: FOLSOM, CA 95630

Title: D
Name: APPERSON, KEN
Address: 13389 FOLSOM BLVD., #300-287
City-St-Zip: FOLSOM, CA 95630

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: TIMOTHY KEESTER

PRES

01/03/2012

Electronic Signature of Signing Officer or Director

Date