# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2011**
**Secretary of State**

DOCUMENT# F70920

**Entity Name:** CAREFREE INSURANCE MANAGEMENT, INC.

**Current Principal Place of Business:**

207 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2368
HALLANDALE BEACH, FL 330082368 US

**New Mailing Address:**

**FEI Number: 59-2169918** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NATELSON, ROBERTA
207 HOLIDAY DRIVE.
HALLANDALE BEACH, FL 33009 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: NATELSON, ROBERTA
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

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: ROBERTA NATELSON PST 03/16/2011

Electronic Signature of Signing Officer or Director Date