

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G05799

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** AMERICA'S NO. 1 LIFE AND HEALTH AGENCY, INC.

**Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY  
SUITE 600  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY  
SUITE 600  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 59-2273712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATON, SCOTT  
595 SOUTH FEDERAL HIGHWAY  
SUITE 600  
BOCA RATON, FL 33432 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: SD  
Name: WATON, CRAIG  
Address: 36 IXORA WAY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD  
Name: WATON, SCOTT  
Address: 1483 ESTUARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

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: SCOTT WATON

PD

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date