

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99299

FILED  
Apr 25, 2010  
Secretary of State

Entity Name: INSURANCE BY KAISER, INC.

**Current Principal Place of Business:**

31 OCEAN REEF DRIVE  
A-202  
KEY LARGO, FL 33037 US

**New Principal Place of Business:**

**Current Mailing Address:**

31 OCEAN REEF DRIVE  
A-202  
KEY LARGO, FL 33037 US

**New Mailing Address:**

FEI Number: 65-0016845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUMMINGS, PATRICIA L  
31 OCEAN REEF DRIVE SUITE A 202  
KEY LARGO, FL 33037 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: CUMMINGS, PATRICIA L  
Address: 31 OCEAN REEF DRIVE, STE A-202  
City-St-Zip: KEY LARGO, FL 33037

Title: D  
Name: CUMMINGS, PATRICIA L  
Address: 31 OCEAN REEF DRIVE, STE A-202  
City-St-Zip: KEY LARGO, FL 33037

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: PATRICIA L CUMMINGS

PRES

04/25/2010

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

\_\_\_\_\_  
Date