2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P00000019884

Entity Name: THOMAS INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

1760 SATIN LEAF CT.
DELRAY BEACH, FL 33445

New Principal Place of Business:

9485 SUNSET DRIVE
SUITEA-252
MIAMI, FL 33173

Current Mailing Address:

1760 SATIN LEAF CT.
DELRAY BEACH, FL 33445

New Mailing Address:

9485 SUNSET DRIVE
A-252
MIAMI, FL 33173

FEI Number: 65-0984962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, THOMAS F
1760 SATIN LEAF CT.
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

ROBERT, THOMAS F
9485 SUNSET DR
SUITE A-252
MIAMI, FL 33173 US

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: ROBERT F. THOMAS 04/20/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: THOMAS, ROBERT F
Address: 5229 7 LAKES WEST
City-St-Zip: WEST END, NC 27376

Title: VTD
Name: THOMAS, PATRICIA A
Address: 5229 7 LAKES WEST
City-St-Zip: WEST END, NC 27376

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 A. THOMAS VTD 04/20/2011
Electronic Signature of Signing Officer or Director Date