

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092308

FILED
Feb 18, 2011
Secretary of State

Entity Name: ASSURED OPTIONS SYSTEM, INC.

Current Principal Place of Business:

7665 NW 50TH ST
MIAMI, FL 33166

New Principal Place of Business:

7665 NW 50TH ST
2ND FL
MIAMI, FL 33166

Current Mailing Address:

7665 NW 50TH ST
MIAMI, FL 33166

New Mailing Address:

P.O. BOX 669067
MIAMI, FL 33166

FEI Number: 65-1141313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: PD
Name: LANGLE, DAVID C
Address: 7665 NW 50TH ST
City-St-Zip: MIAMI, FL 33166

Title: SD
Name: NISHIWAKI, NICK
Address: 7665 NW 50TH ST
City-St-Zip: MIAMI, FL 33166

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: DAVID C. LANGLE

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date