2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: INSURANCE SOLUTIONS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

12443 SAN JOSE BLVD, SUITE 1003
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12443 SAN JOSE BLVD, SUITE 1003
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 51-0421761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIZRAHI, DENNIS L
11540 TRUXTON CT.
JACKSONVILLE, FL 32223 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: P
Name: MIZRAHI, DENNIS L
Address: 11540 TRUXTON COURT
City-St-Zip: JACKSONVILLE,, FL 32223 US

Title: VP
Name: MIZRAHI, MOLLIE G
Address: 11540 TRUXTON COURT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP
Name: GARRIS, EVAN R
Address: 6127 ECLIPSE CIR
City-St-Zip: JACKSONVILLE, FL 32258

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: MOLLIE G MIZRAHI VP 04/18/2011

Electronic Signature of Signing Officer or Director Date