

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120239

FILED
Jan 05, 2011
Secretary of State

Entity Name: OPTIMAL INSURANCE GROUP, INC.

Current Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY
D-104
BOCA RATON, FL 33431

New Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY
D-106
BOCA RATON, FL 33431

Current Mailing Address:

4800 NORTH FEDERAL HIGHWAY
D-104
BOCA RATON, FL 33431

New Mailing Address:

4800 NORTH FEDERAL HIGHWAY
D-106
BOCA RATON, FL 33431

FEI Number: 83-0342549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELSON, ROBERT
4800 NORTH FEDERAL HIGHWAY
D-104
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MICHAELSON, ROBERT
4800 NORTH FEDERAL HIGHWAY
D-106
BOCA RATON, FL 33431 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 MICHAELSON

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVT
Name: MICHAELSON, ROBERT
Address: 4800 NORTH FEDERAL HIGHWAY D-106
City-St-Zip: BOCA RATON, FL 33431

Title: SD
Name: MICHAELSON, RIKKI
Address: 4800 NORTH FEDERAL HIGHWAY D-106
City-St-Zip: BOCA RATON, FL 33431

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: ROBERT MICHAELSON

PVT

01/05/2011

Electronic Signature of Signing Officer or Director

Date