

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000306

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: ORM INSURANCE SERVICES INC.

## Current Principal Place of Business:

807 FORREST AVENUE  
COCOA, FL 32922

## New Principal Place of Business:

## Current Mailing Address:

POB 370  
COCOA, FL 32923 US

## New Mailing Address:

FEI Number: 20-2125953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHN A. JABRO, ESQUIRE  
90311 OVERSEAS HIGHWAY  
SUITE B  
TAVERNIER, FL 32070 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: D ( ) Delete  
Name: COATES, SUSAN A  
Address: 807 FORREST AVENUE  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: AICL MANAGEMENT LIM, TED  
Address: 30 DECASTRO STREET  
City-St-Zip: ROAD TOWN, TORTOLA, BV VG1110 BV

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J COATES

MGR

01/29/2009

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

\_\_\_\_\_  
Date