

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000000306

**FILED**  
**Feb 10, 2012**  
**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:**

807 FORREST AVENUE  
COCOA, FL 32922

**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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** AICL MANAGEMENT LIMITED  
**Address:** 30 DECASTRO STREET  
**City-St-Zip:** ROAD TOWN, TORTOLA, BV VG111 BV

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:** AICL MANAGEMENT LIMITED

D

02/10/2012

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

\_\_\_\_\_  
Date