2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056701

Entity Name: GAPINSURANCEPLUS, INC.

FILED Mar 16, 2011 Secretary of State

Date

5643 MIDNIGHT PASS RD 7782 N. TAMIAMI TRAIL 912 SARASOTA, FL 34243

SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

5643 MIDNIGHT PASS RD 7782 N. TAMIAMI TRAIL 912 SARASOTA, FL 34243

SARASOTA, FL 34242 US

FEI Number: 20-2716458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKER, THEODORE ESQ 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237 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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title:

Name: FEHILY, MICHAEL P Address: 7782 N. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34243

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: MICHAEL FEHILY PRES 03/16/2011