## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000128004

Entity Name: INSURANCE COMPLIANCE NETWORK, INC.

Electronic Signature of Registered Agent

FILED Apr 29, 2011 Secretary of State

Date

Current Principal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1025 S. SEMORAN BLVE SUITE 1093 WINTER PARK, FL 3279				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX 621901 OVIEDO, FL 32765		SUITE 1093	1025 S. SEMORAN BLVD SUITE 1093 WINTER PARK, FL 32792	
FEI Number: 04-3826797	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
RIVERA-VEGA, GLADYS 1025 S. SEMORAN BLVI 1093 ORLANDO, FL 32792 U	)			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	

SIGNATURE: \_

## **OFFICERS AND DIRECTORS:**

Title:

Name: VEGA, HECTOR

Address: 1025 S. SEMORAN BLVD City-St-Zip: WINTER PARK, FL 32792

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: HECTOR VEGA P 04/29/2011