

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128004

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** INSURANCE COMPLIANCE NETWORK, INC.

**Current Principal Place of Business:**

1025 S. SEMORAN BLVD  
SUITE 1093  
WINTER PARK, FL 32792

**New Principal Place of Business:**

2125 TURKEY OAK CT  
OVIEDO, FL 32766

**Current Mailing Address:**

1025 S. SEMORAN BLVD  
SUITE 1093  
WINTER PARK, FL 32792

**New Mailing Address:**

P.O. BOX 622213  
OVIEDO, FL 32762 22

**FEI Number:** 04-3826797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA-VEGA, GLADYS  
1025 S. SEMORAN BLVD  
1093  
ORLANDO, FL 32792 US

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

RIVERA-VEGA, GLADYS  
2125 TURKEY OAK CT  
OVIEDO, FL 32766 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

04/26/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VEGA, HECTOR  
Address: P.O. BOX 622213  
City-St-Zip: OVIEDO, FL 32766

Title: SEC  
Name: VEGA, JEFFREY A  
Address: P.O. BOX 622213  
City-St-Zip: OVIEDO, FL 32762

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

04/26/2012

Electronic Signature of Signing Officer or Director

Date