2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P06000017902

Entity Name: EVALUVEST INSURANCE SERVICES, INC.

Current Principal Place of Business:

1185 SPRING CENTRE SOUTH BLVD. SUITE 1060
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1185 SPRING CENTRE SOUTH BLVD. SUITE 1060
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-4660214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, DAVID W
1185 SPRING CENTRE SOUTH BLVD.
SUITE 1060
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BARRETT, RICHARD L
1185 SPRING CENTRE SOUTH BLVD.
SUITE 1060
ALTAMONTE SPRINGS, FL 32714 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: RICHARD BARRETT 04/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MATTHEWS, DAVID W
Address: 1185 SPRING CENTRE SOUTH BLVD.
City-St-Zip: SUITE 1060, FL 32714

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: DAVID W MATTHEWS PD 04/28/2011
Electronic Signature of Signing Officer or Director Date