2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P06000028861

Entity Name: INSURANCE CENTER, INC

Current Principal Place of Business:

8695 COLLEGE PARKWAY
SUITE 2520
FORT MYERS, FL 33919

New Principal Place of Business:

4560 VIA ROYALE #1
FORT MYERS, FL 33919

Current Mailing Address:

8695 COLLEGE PARKWAY
SUITE 2520
FORT MYERS, FL 33919

New Mailing Address:

4560 VIA ROYALE #1
FORT MYERS, FL 33919

FEI Number: 20-4524052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOTTEN, JEREMY J
2712 NW 22ND STREET
CAPE CORAL, FL FL 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: PRES
Name: TOTTEN, JEREMY J
Address: 2712 NW 22ND ST
City-St-Zip: CAPE CORAL, FL 33993

Title: SECR
Name: TOTTEN, JEREMY J
Address: 2712 NW 22ND ST
City-St-Zip: CAPE CORAL, FL 33993

Title: CEO
Name: MARTEL, DANIELLI D
Address: 17150 CALOOSA TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

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: JEREMY TOTTEN PRES 05/01/2011
Electronic Signature of Signing Officer or Director Date