2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004312

Entity Name: ASSURED INSURANCE AGENCY INC.

FILED Jan 11, 2011 Secretary of State

Littly Nai	ile. ASSURE	D INSURANCE AGENCY, INC	, .		
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
SUITE 103	T ATLANTIC : BA BEACH, FL 33				
Current M	ailing Addre	ss:	New Mailing Address:		
SUITE 103	ST ATLANTIC : BA BEACH, FL 33				
FEI Number:	51-0615645	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SUITE 103	T ATLANTIC .				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:			
Title: Name: Address: City-St-Zip:	P SAM, WARREI 4205 W ATLAN DELRAY BEAG	ITIC AVE., SUITE 103A			

Title: SEC

Name: SAM, SANDRA

Address: 4205 W ATLANTIC AVE., SUITE 103A

City-St-Zip: DELRAY BEACH, FL 33445

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: WARREN SAM P 01/11/2011