2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

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Entity Name: COMPLETE INSURANCE ADVISORS, INC.

Current Principal Place of Business:

505 E JACKSON ST
STE 300
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

505 E JACKSON ST
STE 300
TAMPA, FL 33602

New Mailing Address:

FEI Number: 74-3248487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, WITHERSON
505 E JACKSON ST
STE 300
TAMPA, FL 33602 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: VP
Name: SCHULTES, MARK S
Address: 3239 RAMBO LANE
City-St-Zip: WIMAUMA, FL 33598

Title: VP
Name: LARSEN, WITHERSON
Address: 4724 WOODMERE ROAD
City-St-Zip: LAND O LAKES, FL 34639

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: WITHERSON LARSEN VP 01/09/2012

Electronic Signature of Signing Officer or Director — Date