

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049327

FILED
Mar 23, 2011
Secretary of State

Entity Name: CREATIVE LIFE INSURANCE, INC.

Current Principal Place of Business:

5485 WILES ROAD, SUITE 406
COCONUT CREEK, FL 33073

New Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE
SUITE 3007
BOCA RATON, FL 33487

Current Mailing Address:

5485 WILES ROAD, SUITE 406
COCONUT CREEK, FL 33073

New Mailing Address:

950 PENINSULA CORPORATE CIRCLE
SUITE 3007
BOCA RATON, FL 33487

FEI Number: 90-0404227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORGE, SAL
5485 WILES ROAD, SUITE 406
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

GORGE, SAL
950 PENINSULA CORPORATE CIRCLE
SUITE 3007
BOCA RATON, FL 33487 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:

03/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GORGE, SAL
Address: 800 GREENSWARD COURT, UNIT I-106
City-St-Zip: DELRAY BEACH, FL 33445

Title: V
Name: GORGE, NANCY
Address: 800 GREENSWARD COURT, UNIT I-106
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: SAL GORGE

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date