2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# P08000049920

Entity Name: CUSTOMIZED INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

304 MONTANA AVE.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

304 MONTANA AVE.
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 33-1216466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURIN, MARC
304 MONTANA AVE.
NOKOMIS, FL 34275 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: P
Name: LAURIN, MARC
Address: 304 MONTANA AVE.
City-St-Zip: NOKOMIS, FL 34275

Title: VP
Name: LAURIN, LORI
Address: 304 MONTANA AVE.
City-St-Zip: NOKOMIS, FL 34275

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: MARC LAURIN P 01/14/2011

Electronic Signature of Signing Officer or Director Date