

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088215

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** EASTERN INSURANCE CORPORATION

**Current Principal Place of Business:**

6635 W. COMMERCIAL BLVD  
SUITE 113  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15271  
FORT LAUDERDALE, FL 33318

**New Mailing Address:**

**FEI Number:** 26-3443999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHUCK MOGBO, P.A.  
2800 W. OAKLAND PARK BLVD  
SUITE 209  
OAKLAND PARK, FL 33311 US

**Name and Address of New Registered Agent:**

INGRAM, OJIYI  
6635 WEST COMMERCIAL BLVD  
SUITE 113  
TAMARAC, FL 33319 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: INGRAM OJIYI

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: INGRAM, OJIYI  
Address: PO BOX 15271  
City-St-Zip: FORT LAUDERDALE, FL 33318

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: INGRAM OJIYI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PCEO

04/27/2011

\_\_\_\_\_  
Date