

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009541

FILED
Feb 10, 2011
Secretary of State

Entity Name: WHITE LIGHT INSURANCE GROUP, INC.

Current Principal Place of Business:

600 CORPORATE DRIVE
SUITE 101
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

5295 TOWN CENTER ROAD
SUITE 101
BOCA RATON, FL 33486

Current Mailing Address:

600 CORPORATE DRIVE
SUITE 101
FT. LAUDERDALE, FL 33334

New Mailing Address:

5295 TOWN CENTER ROAD
SUITE 101
BOCA RATON, FL 33486

FEI Number: 27-1895267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURKELL-LEVINE, INDIA J
600 CORPORATE DRIVE
SUITE 101
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

TURKELL-LEVINE, INDIA J
5295 TOWN CENTER ROAD
SUITE 101
BOCA RATON, FL 33486 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: INDIA TURKELL-LEVINE

02/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WHITE, PAT W
Address: 16047 VIA MONTEVERDE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP
Name: TURKELL-LEVINE, INDIA J
Address: 32 SE 2ND AVENUE, #524
City-St-Zip: DELRAY BEACH, FL 33444

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: INDIA TURKELL-LEVINE

VP

02/10/2011

Electronic Signature of Signing Officer or Director

Date