

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026603

Entity Name: THE ANNUITY MASTER, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5011 SOUTH STATE ROAD 7  
SUITE 107  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

5011 SOUTH STATE ROAD 7  
SUITE 107  
DAVIE, FL 33314 US

**New Mailing Address:**

FEI Number: 27-2209251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAPLAN, LAWRENCE S  
5011 S STATE ROAD 7  
SUITE 107  
DAVIE, FL 33314 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: KAPLAN, LAWRENCE S  
Address: 5011 S STATE ROAD 7 SUITE 107  
City-St-Zip: DAVIE, FL 33314 US

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: LAWRENCE KAPLAN

P

04/28/2011

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

\_\_\_\_\_  
Date