## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000038431

Entity Name: INSURANCE ASSOCIATES PARTNERS CORP.

FILED Aug 14, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4956 LE CHALET BOULEVARD, SUITE 12 BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

4956 LE CHALET BOULEVARD, SUITE 12 14732 PADDOCK DRIVE BOYNTON BEACH, FL 33436 WELLINGTON, FL 33414

FEI Number: 27-2512790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 US

MIONE, KENNETH A
14732 PADDOCK DRIVE
WELLINGTON, FL 33414 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: KENNETH A MIONE 08/14/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PST

Name: NICHOLSON, KEITH

Address: 4956 LE CHALET BOULEVARD, SUITE 12

City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD

Name: MIONE, KENNETH A

Address: 4956 LE CHALET BOULEVARD, SUITE 12

City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD

Name: SCHOEN, MARC

Address: 4956 LE CHALET BOULEVARD, SUITE 12

City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD

Name: VECCHIO, RICHARD

Address: 4956 LE CHALET BOULEVARD, SUITE 12

City-St-Zip: BOYNTON BEACH, FL 33436

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: KENNETH A MIONE VP 08/14/2011