

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055034

Entity Name: PRICE MY POLICY, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

100 N STATE ROAD 7  
SUITE 202  
MARGATE, FL 33065 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

100 N STATE ROAD 7  
SUITE 202  
MARGATE, FL 33065 US

## **New Mailing Address:**

FEI Number: 27-3259320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARROLL, JAMES R  
100 N STATE ROAD 7  
SUITE 202  
MARGATE, FL 33065 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: CARROLL, JAMES R  
Address: 100 N STATE ROAD 7, SUITE 202  
City-St-Zip: MARGATE, FL 33063 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: JAMES CARROLL

PRES

04/15/2011

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

\_\_\_\_\_  
Date