

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000064184

FILED
Apr 29, 2011
Secretary of State

Entity Name: ARK INSURANCE SERVICES INC.

Current Principal Place of Business:

2435 US HIGHWAY 19
HOLIDAY TOWERS SUITE 430
HOLIDAY, FL 34691 US

New Principal Place of Business:

2435 US HIGHWAY 19
HOLIDAY TOWERS SUITE 160
HOLIDAY, FL 34691 US

Current Mailing Address:

7143 STATE ROAD 54
#208
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 27-3180137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLOONE, RICHARD
7143 STATE ROAD 54
#208
NEW PORT RICHEY, FL 33653 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: CEO
Name: MCLOONE, RICHARD
Address: 7143 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: CFO
Name: NANCY, BRIDGES
Address: 4333 CHEVAL BLVD
City-St-Zip: LUTZ, FL 33558 US

Title: CTO
Name: ALLEN, APPLGARTH
Address: 11135 VILLAGE GREEN AVENUE
City-St-Zip: SEMINOLE, FL 33772 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: RICHARD MCLOONE

CEO

04/29/2011

Electronic Signature of Signing Officer or Director

Date