

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000085039

FILED
Mar 26, 2012
Secretary of State

Entity Name: INSURANCE TECHNOLOGIES, INC.

Current Principal Place of Business:

6951 W SUNRISE BLVD
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6951 W SUNRISE BLVD
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 38-3853476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASTRE, CESAR
6951 W SUNRISE BLVD
PLANTATION, FL 33313 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: D
Name: JACKSON, EDWARD
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: D
Name: ANDERTON, JOSEPH
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: D
Name: HERMANN, RICHARD
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: D
Name: TURGEON, WILLIAM
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: CTRL
Name: PETROCELLI, JENNIFER CTRL
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

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: JENNIFER PETROCELLI

CTRL

03/26/2012

Electronic Signature of Signing Officer or Director

Date