2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P11458

Entity Name: CATASTROPHE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1055 HILLCREST ROAD, SUITE F-1
MOBILE, AL 36695

New Principal Place of Business:

Current Mailing Address:

1055 HILLCREST ROAD, SUITE F-1
MOBILE, AL 36695

New Mailing Address:

P O BOX 9398
MOBILE, AL 669103988

FEI Number: 63-0847253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PDC
Name: PILOT, CURTIS F
Address: 1055 HILLCREST RD, SUITE F-1
City-St-Zip: MOBILE, AL 36695

Title: SDT
Name: PILOT,, GRACE E
Address: 1055 HILLCREST ROAD, SUITE F-1
City-St-Zip: MOBILE, AL 36695

Title: DSVP
Name: PILOT, JR., DAVIS W
Address: 1055 HILLCREST ROAD, SUITE F-1
City-St-Zip: MOBILE, AL 36695

Title: DSVP
Name: PILOT,, DAPHNE
Address: 1055 HILLCREST ROAD, SUITE F-1
City-St-Zip: MOBILE, AL 36695

Title: DSVP
Name: PILOT, RODNEY A DSVP
Address: 1055 HILLCREST ROAD, SUITE F-1
City-St-Zip: MOBILE, AL 36695

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: KELLY LETTMANN POA 04/03/2012

Electronic Signature of Signing Officer or Director Date