2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2012
Secretary of State

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Entity Name: AUTO MASTER PROTECTION PLAN, INC.

Current Principal Place of Business:

1801 W ATLANTIC BLVD.
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1801 W ATLANTIC BLVD.
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0496045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACHRODT, LOUIS C III
1801 W. ATLANTIC BLVD.
POMPANO BEACH, FL 33069 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: PD
Name: BACHRODT III, LOUIS C
Address: 1801 W. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL

Title: STD
Name: RHOADES, MARK
Address: 1801 W. ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD
Name: BACHRODT, CRAIG
Address: 1801 W. ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33069

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: MARK RHOADES ST 01/26/2012

Electronic Signature of Signing Officer or Director Date