

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009216

FILED
Apr 25, 2011
Secretary of State

Entity Name: INTERNATIONAL INSURANCE LOSS ASSISTANCE CO.

Current Principal Place of Business:

1800 SOUTH RIVERSIDE DR
EDGEWATER, FL 32132 US

New Principal Place of Business:

890 WATEROAK DRIVE NE.
PALM BAY, FL 32905 US

Current Mailing Address:

1800 SOUTH RIVERSIDE DR
EDGEWATER, FL 32132 US

New Mailing Address:

890 WATEROAK DRIVE NE.
PALM BAY, FL 32905 US

FEI Number: 42-1627941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORPY, RICHARD E ESQ
400 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

LENIK, JERALD L
890 WATEROAK DRIVE NE.
PALM BAY, FL 32905 US

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: JERALD LOUIS LENIK

04/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LENIK, JERALD L
Address: 890 WATEROAK DRIVE NE.
City-St-Zip: PALM BAY, FL 32905

Title: STD
Name: LENIK, CHERYL
Address: 890 WATEROAK DRIVE
City-St-Zip: PALM BAY, FL 32905

Title: VP
Name: SIMS, THOMAS
Address: 890 WATEROAK DRIVE
City-St-Zip: PALM BAY, FL 32905

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: JERALD LOUIS LENIK

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04/25/2011

Electronic Signature of Signing Officer or Director

Date