

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070187

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL S. WECHTER, CLU & ASSOCIATES, INC.

**Current Principal Place of Business:**

15 POPLAR FOREST ROAD  
FAIRVIEW, NC 28730 US

**New Principal Place of Business:**

8 FLYCATCHER WAY  
UNIT 201  
ARDEN, NC 28704-552 US

**Current Mailing Address:**

P.O. BOX 1359  
FAIRVIEW, NC 28730 US

**New Mailing Address:**

8 FLYCATCHER WAY  
UNIT 201  
ARDEN, NC 28704-552 US

**FEI Number:** 65-0611166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAEL WECHTER  
9021 SW 94TH AVENUE  
MIAMI, FL 33176 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: P  
Name: WECHTER, MICHAEL S  
Address: 8 FLYCATCHER WAY, UNIT 201  
City-St-Zip: ARDEN, NC 28704 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: MICHAEL WECHTER

PRES

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date