

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035042

FILED
Mar 22, 2012
Secretary of State

Entity Name: INSURANCE ANSWERS, INC.

Current Principal Place of Business:

7892 N SOUTHWOOD CIRCLE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19107
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0841154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: DP
Name: BATISTA, HAROLD J SR
Address: P.O. BOX 19107
City-St-Zip: PLANTATION, FL 33318

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: HAROLD BATISTA

DP

03/22/2012

Electronic Signature of Signing Officer or Director

Date