2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P97000042896

Entity Name: SOUTHEAST INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1780 N KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1505
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 59-3458963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUND, L. ALAN
1780 N. KROME AVE.
HOMESTEAD, FL 33030 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: NENEZIAN, GEORGE
Address: 7000 ABERDEEN WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD
Name: LUND, L. ALAN
Address: 1780 N. KROME AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: ST
Name: JONES, JR., THOMAS R
Address: 17950 SW 285TH STREET
City-St-Zip: HOMESTEAD, FL 33030

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: L. ALAN LUND VP 02/17/2011

Electronic Signature of Signing Officer or Director Date