2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2011
Secretary of State

DOCUMENT# P97000079692

Entity Name: ADL INSURANCE SPECIALISTS, INC.

Current Principal Place of Business:

4880 NW 5 CT.
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

4880 N.W. 5 CT.
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0780320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLEM, SCOTT E
10 FAIRWAY DRIVE
SUITE 219
DEERFIELD BEACH, FL 33441 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: PS
Name: LIPSKY, DAVID L
Address: 4880 NW 5TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: VPT
Name: LIPSKY, ANN-MARIE
Address: 4880 NW 5TH COURT
City-St-Zip: PLANTATION, FL 33317

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: ANN-MARIE LIPSKY VPT 04/16/2011

Electronic Signature of Signing Officer or Director Date