

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075207

FILED
Mar 19, 2011
Secretary of State

Entity Name: ALLEN INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

520 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

New Principal Place of Business:

520 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Current Mailing Address:

520 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

New Mailing Address:

520 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

FEI Number: 59-3529496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, S. ELIZABETH VP
520 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ALLEN, S. ELIZABETH VP
520 N HARBOR CITY BLVD
MELBOURNE, FL 32935 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: LIZ ALLEN

03/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ALLEN, HAROLD W
Address: 520 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP
Name: ALLEN, S. ELIZABETH
Address: 520 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 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: LIZ ALLEN

VP

03/19/2011

Electronic Signature of Signing Officer or Director

Date