

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000076340

Entity Name: DMS INSURANCE GROUP, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

245536  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

9996 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

245536  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9996 PINES BLVD  
PEMBROKE PINES, FL 33024

FEI Number: 65-0860961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAFEGUARDCASUALTY.COM INC  
245536  
PEMBROKE PINES, FL 33024 US

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

SEVIGNY, PATRICK  
9996 PINES BLVD  
PEMBROKE PINES, FL 33024 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: PATRICK SEVIGNY

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PATRICK, SEVIGNY  
Address: 9996 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024

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: PATRICK SEVIGNY

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date