

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53967

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** INNOVATIVE INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

5461 UNIVERSITY DRIVE  
STE 103  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

5461 UNIVERSITY DRIVE  
STE 103  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 65-0346699      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DEFRANCO, THOMAS J  
7095 NW 127TH WAY  
PARKLAND, FL 33076 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: DEFRANCO, THOMAS J  
Address: 7095 NW 127TH WAY  
City-St-Zip: PARKLAND, FL 33076

Title: VTD  
Name: DEFRANCO, TRACY A  
Address: 7095 NW 127TH WAY  
City-St-Zip: PARKLAND, FL 33076

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: TRACY A. DEFRANCO

VP

02/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date