

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006043

FILED
Apr 27, 2011
Secretary of State

Entity Name: VILLAGE ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

40 BEY LEA ROAD STE A201
TOMS RIVER, NJ 08753

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2100
TOMS RIVER, NJ 087542100

New Mailing Address:

FEI Number: 22-1979358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE
TALLAHASSEE, FL 32303 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: CDP
Name: BLUNDELL, GRAHAM
Address: 40 BEY LEA ROAD STE A201
City-St-Zip: TOMS RIVER, NJ 08753

Title: DST
Name: BLUNDELL, JANET
Address: 40 BEY LEA ROAD STE A201
City-St-Zip: TOMS RIVER, NJ 08753

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: GRAHAM BLUNDELL

CDP

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date