

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006043

**Entity Name:** VILLAGE ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

40 BEY LEA ROAD STE A201  
TOMS RIVER, NJ 08753

**Current Mailing Address:**

P.O. BOX 2100  
TOMS RIVER, NJ 08754-2100

**FEI Number: 22-1979358**

**Certificate of Status Desired: No**

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

PARACORP INCORPORATED  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CDP  
Name            BLUNDELL, GRAHAM  
Address        40 BEY LEA ROAD STE A201  
City-State-Zip: TOMS RIVER NJ 08753

Title            DST  
Name            BLUNDELL, JANET  
Address        40 BEY LEA ROAD STE A201  
City-State-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**

**PRESIDENT**

**03/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date