

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000173

Entity Name: A-1 ADJUSTERS 4 YOU, INC.

FILED  
Jun 23, 2011  
Secretary of State

**Current Principal Place of Business:**

1651 GALIANO STREET  
DELTONA, FL 32725

**New Principal Place of Business:**

997 SHAFFER TRAIL  
OVIEDO, FL 32765

**Current Mailing Address:**

P O BOX 620643  
OVIEDO, FL 32752

**New Mailing Address:**

FEI Number: 26-3811471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUICHARD, WAKAMBA K  
1651 GALIANO STREET  
DELTONA, FL 32725 US

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

GUICHARD, WAKAMBA K  
997 SHAFFER TRAIL  
OVIEDO, FL 32765 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: WAKAMBA K. GUICHARD

06/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: GUICHARD, WAKAMBA K  
Address: 997 SHAFFER TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: VCDT  
Name: WISE, DIANE C  
Address: PO BOX 620643  
City-St-Zip: OVIEDO, FL 32762

Title: VP  
Name: WISE, DIANE C  
Address: 5401 THE VYNE AVENUE  
City-St-Zip: ATLANTA, GA 30049

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: DIANE C. WISE

VP

06/23/2011

Electronic Signature of Signing Officer or Director

Date