RALPH MOIL	State of Rhode Island and P Office of the Secre						
	Division Of Busine	ess Services					
	148 W. River						
Cro Gla	Providence RI 02 (401) 222-3						
stary of	(701) 222						
Foreign Business (Annual Report Filing Period: January 1 -	·						
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.							
ANNUAL REPORT YEAR: 2014							
1. Corporate ID No. 000747712							
2. Name of Corporation	on <u>MIB Insurance Services, Inc.</u>						
3. Street Address Prine	cipal Business Office:						
No. and Street: <u>111 N.</u>	SEPULVEDA BOULEVARD, SU	JITE 245					
	ATTAN BEACH	State: <u>CA</u> Zip: <u>90266</u> Country: <u>USA</u>					
4. Business Phone No.							
<u>3107759020</u>							
5. State of Incorporati	on						
State: <u>CA</u>							
6. Brief Description of	the Character of Business Conduc	ted in Rhode Island					
INSURANCE AGEN	CY SERVICES AND SALES						
7. Names and Address	es of the Officers and Directors:						
All officers and dire	ctors must be listed.						
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country					
PRESIDENT	RICHARD J MOORE	5 DAWNAY CLOSE ASCOT, BERKSHIRE, SL5 7PQ, UK GBR					
CFO	GAVIN TAYLOR	10 SCHOOL LANE CHELMSFORD, CM1 7DN, UK GBR					
SECRETARY/DIRECT	OR GABRIELA M PADILLA	3503 DEERFORD ST LAKEWOOD, CA 90712 USA					

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	1,000,000.00	1000
Signed this 3 Day of Janua individuals signing this inst signatory, under penalties of act and deed of the corpora electronic filing, in complia By GABRIELA M. PADIL	rument constitutes th f perjury, that this in tion, and that the fac nce with R.I. Gen. La	e affirmation or ackn strument is that indiv ets stated herein are t	owledgement of idual's act and d	the eed or the
Signature of Authorized F SECRETARY/DIRECT Title	Representative of the C	Corporation		
Signature of Authorized F	Representative of the C		the form and he/s	she is not
Signature of Authorized F SECRETARY/DIRECT Title This report cannot be ac	Representative of the C		the form and he/s	she is not