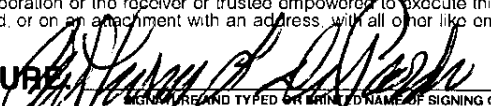


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 265695 1. Entity Name ORMOND RE GROUP, INC.					
Principal Place of Business 140 SO. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176			Mailing Address 140 SO. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-0996627		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALIFAX REINSURANCE CORPORATION 140 SO. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURT, W L 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000712845 04/26/07-80064-003 1500.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD LONG, WILLIAM T 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVSD DEINER, JOHN 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD DIPARDO, ANTHONY L 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARTZ, A.J. 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV BUTCKA, A.A. 140 SO. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  ANTHONY L. DIPARDO 4-11-07					