

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006037

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL PLANNING GROUP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

62 WALNUT STREET  
WELLESLEY, MA 02481

**New Principal Place of Business:**

**Current Mailing Address:**

62 WALNUT ST.  
WELLESLEY, MA 02481

**New Mailing Address:**

62 WALNUT STREET  
WELLESLEY, MA 02481

**FEI Number:** 04-3521435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, MARY O  
4000 PONCE DE LEON BLVD.  
SUITE 430  
CORAL GABLES, FL 33146 US

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

GONZALEZ, MARY O  
6161 BLUE LAGOON DRIVE  
SUITE 310  
MIAMI, FL 33126 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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BAKER, JON M SR.  
Address: 70 BEACON ST  
City-St-Zip: BOSTON, MA 02108

Title: PD ( ) Delete  
Name: BAKER, JON M JR.  
Address: 58 YALE ST  
City-St-Zip: WINCHESTER, MA 01890

Title: TD ( ) Delete  
Name: LAMB, STEVEN G  
Address: 25 ROLLING HILLS DR.  
City-St-Zip: E. BRIDGEWATER, MA 02333

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN G LAMB

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date