2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F16276

Entity Name: BAY INSURORS CORPORATION

Current Principal Place of Business:

26236 WESLEY CHAPEL BLVD
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7710
WESLEY CHAPEL, FL 335457710 US

New Mailing Address:

FEI Number: 59-2057491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WREN, ELSIE L.
26236 WESLEY CHAPEL BLVD
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DALSON, WILLIAM
Address: 3717 JENNY LYNNE LANE
City-St-Zip: FAIRFAX, VA 22030

Title: V ( ) Delete
Name: DALSON, EVELYN
Address: 3717 JENNY LYNNE LANE
City-St-Zip: FAIRFAX, VA 22030

Title: ST ( ) Delete
Name: YOUNG, BRYAN TODD
Address: 4051 RED FOX CT
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: P ( ) Delete
Name: FLEMING, CYNTHIA L
Address: 4051 RED FOX CT
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D ( ) Delete
Name: WREN, ELSIE L
Address: 35237 JANINE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

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:

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: CYNTHIA L. FLEMING PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date